DOCUMENT RESUME

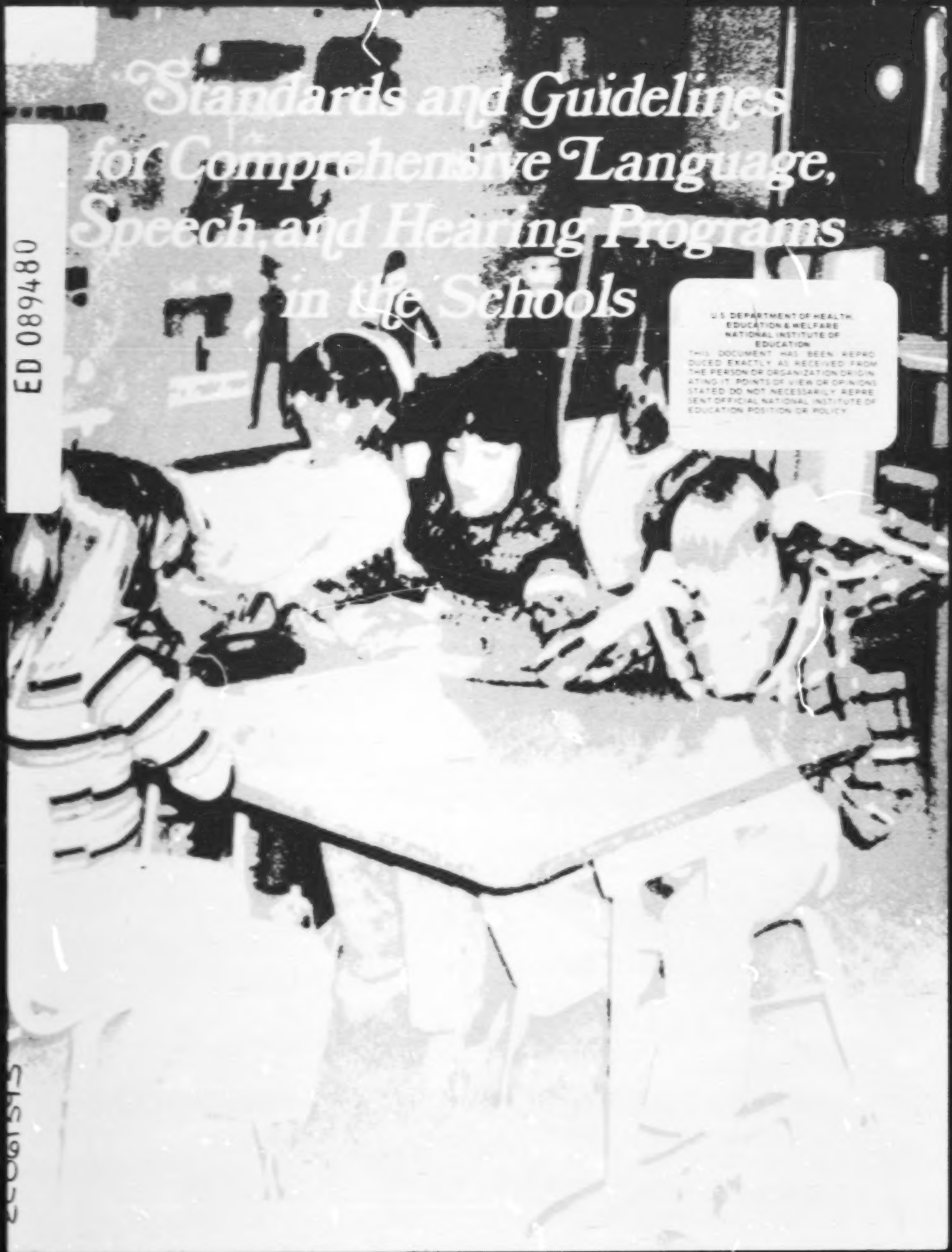
ED 089 480 EC 061 393

TITLE	Standards and Guidelines for Comprehensive Language, Speech and Hearing Problems in the Schools.
INSTITUTION	American Speech and Hearing Association, Washington, D.C.
SPONS AGENCY	Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C. Div. of Research.
PUB DATE	74
GRANT	OEG-0-9-302169-4324(607)
NOTE	49p.
EDRS PRICE	MF-$0.75 HC-$1.85 PLUS POSTAGE
DESCRIPTORS	Aurally Handicapped; Communication Skills; *Exceptional Child Education; *Guidelines; *Language Handicapped; Learning Disabilities; *Program Development; School Districts; Speech Handicapped; Speech Therapists; *Standards

ABSTRACT

Provided are standards and guidelines to be used in planning, evaluating, and accrediting school language, speech, and hearing (LSH) services. Recent research and refined clinical procedures are said to aid LSH specialists in identifying children with auditory/language disorders leading to learning disabilities as well as children with articulation, voice, and fluency problems. Noted is cooperation of over 4000 professionals with the American Speech and Hearing Association (ASHA) for developing the standards and guidelines. Explained is use of standards as a criterion reference in program evaluation, and use of guidelines to determine whether the standard can be met. Outlined is a plan for delivering services along a continuum ranging from severe communicative disorders found in some children to common needs for communication skills competencies of all children. Specified are the standard and guildelines for each of the following program aspects: goals and objectives; the continuum of school clinical services, covering student eligibility and communication disorders; administrative responsibility; program supervision; program staff; identification and diagnostic procedures; program service and scheduling models, such as the diagnostic/educational team and parent/infant services; data systems/records and reports; physical plant and equipment; and research. Included in appendixes is information on staff-pupil ratios, aspects of accreditation, ASHA requirements for the clinical competence certificate, and the ASHA code of ethics. (MC)

Standards and Guidelines for Comprehensive Language, Speech and Hearing Programs in the Schools



ED 089480

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

STANDARDS AND GUIDELINES FOR COMPREHENSIVE LANGUAGE, SPEECH, AND HEARING PROGRAMS IN THE SCHOOLS

– A guide for school administrators and supervisors in planning comprehensive service programs

– A guide for evaluation of services by language, speech, and hearing personnel

– Standards and Guidelines for accreditation by the Professional Services Board of the American Boards of Examiners in Speech Pathology and Audiology

The American Speech and Hearing Association
9030 Old Georgetown Road, Washington, D. C. 20014
1973-1974

William C. Healey, Ph.D.
Project Director

Kenneth O. Johnson, Ph.D.
Executive Secretary

This publication was supported, in part, by funds from the Department of Health, Education, and Welfare, Office of Education, Bureau of Education for the Handicapped, Division of Research (Grant #OEG-0-9-302169-[illegible]24 [607]).

The standards and guidelines presented do not necessarily represent official policies of the Bureau of Education for the Handicapped.

John Davis, Project Officer

TABLE OF CONTENTS

Acknowledgments iv

Introduction v

The Continuum of Services Concept vii

References ix

Goals and Objectives of Language, Speech, and Hearing Service Programs 1

Continuum of School-Clinical Services 2

Administrative Structure 4

Program Supervision 6

Program Staff 8

Identification and Diagnostic Assessment Procedures 11

Program Service and Scheduling Models 14

Data Systems, Records, and Reports 17

Physical Plant and Equipment 19

Research 20

Appendixes

Staff:Pupil Ratios 22

Accreditation of School Programs 23

Benefits of Accreditation 24

Program Eligibility 25

Accreditation Procedures 27

ASHA Requirements for the Certificate of Clinical Competence 29

ASHA Code of Ethics 37

ACKNOWLEDGMENTS

The American Speech and Hearing Association greatly appreciates the contributions of the many school personnel, state education consultants, and university supervisors of school practica whose support, recommendations, and constructive criticisms were used in the preparation of this manual. The professional assistance of the following ASHA Board and Committee Members also is gratefully acknowledged:

AMERICAN BOARDS OF EXAMINERS IN SPEECH PATHOLOGY AND AUDIOLOGY

1973

Board of Directors

Norma T. Hopkinson
Forrest M. Hull
Wilbur Goodseal
Paul D. Knight
Hughlett L. Morris
Ralph L. Shelton
Barbara J. Stansell
Richard M. Flower, *Chairman*

PROFESSIONAL SERVICES BOARD

1973

Nadine H. Coates
Kathryn B. Horton
Darrell E. Rose
R. Ray Battin
Jack A. Willeford
Clifton F. Lawrence, *Chairman*

PROFESSIONAL SERVICES BOARD SUBCOMMITTEE

1973

Rebecca Sue Craig
Michael J. D'Asaro
Lois K. Frederick
Ronald Goldman
Kathleen Pendergast
Jack Rosen
Irvin Shore
Jack A. Willeford
Frank B. Wilson
Donald W. Worthington

COMMITTEE ON LANGUAGE, SPEECH, AND HEARING SERVICES IN THE SCHOOLS

1973

Jean L. Anderson
L. Lee Brooks
Albert F. Johnson
Lois R. Mayper
Beatrice R. Meisler
Jerrie L. Ueberle
Elizabeth L. Johns, *Chairman*

This guide incorporates standards and guidelines established by the Professional Services Board (PSB) and approved by the American Boards of Examiners in Speech Pathology and Audiology (ABESPA). We are indebted to Nadine Coates who served as Chairman of the PSB School Subcommittee and was a major author for the manual. Lois Frederick, Kathleen Pendergast, and Barbara Stansell worked many hours on several preliminary drafts of the manual. We are grateful for their most significant contributions.

In addition, Frederick E. Garbee, ASHA Vice President for Standards and Ethics, and Frederick R. Greenberg, ASHA Associate Secretary for Clinical Program Development, should be recognized for their ongoing participation in and support of this Association project.

Extensive credit for production of this manual is given to William C. Healey, Associate Secretary for School Affairs. He designed and directed a special project through which the manual was prepared and wrote the final draft. Shirley A. Jones, ASHA Project Manager, and Alfred K. Kawana, Manager, Publications Department, also provided valuable technical and editorial assistance.

Kenneth O. Johnson, Ph.D.

INTRODUCTION

Every child has a need to develop maximum competence in communication—listening, speaking, reading, and writing—and school programs have a continuing responsibility to meet the communicative needs of all children and youth.

Unfortunately, many children in school have communicative disorders in language, speech, and hearing and now constitute the largest population of pupils with handicapping conditions. As the prevalence and the needs of this group of children have become apparent, methods have been developed for more precise identification of their problems, school personnel have defined more completely the continuum of programs and services required to meet their needs, and formal systems have been designed for evaluating the effectiveness of services offered. In the past few years, research and refined clinical procedures have increased the ability of school language, speech, and hearing specialists to identify early not only those children with articulation, voice, and fluency problems, but also those who have peripheral and central auditory disorders and language impairment, both of which can create learning disabilities and prevent children from developing skills in speaking, reading, and writing.

Although many school districts have implemented special programs to meet the needs of pupils with language, speech, and hearing problems, only about 50% of the pupils needing special help receive it.

With increased legislative mandates for comprehensive, appropriate school services and the emerging pressures for accountability, school personnel have expressed a need for the development of standards and guidelines that can be used in evaluating programs and in implementing comprehensive services.

The American Speech and Hearing Association (ASHA) recognizes that nationally derived standards and guidelines for school language, speech, and hearing programs must be written to accommodate differing patterns of school district administration, supervision, and special program management. Since school districts differ in size and population served (for example, rural, urban, suburban, socioeconomic status, racial, and ethnic variations), a variety of program models is required to accommodate the diverse needs of pupils in developing communication skills.

For example, most of the large county, intermediate, and city systems have full-time program administrators, supervisors, and staff who are professionally prepared in speech pathology, audiology, and education of the hearing impaired. In some districts, the program administrator with appropriate training in the field must assume both administrative and supervisory responsibilities. In still others, the program administrator has preparation in a related discipline (that is, special education, psychology, and so on) and uses supervisory staff trained in communicative disorders to evaluate staff competencies and to coordinate case management procedures. In the smaller districts, the program administrator may not be trained in speech pathology or audiology and may not have supervisory level personnel to assist the staff with program planning and coordination, difficult diagnoses, case selection, scheduling, establishment of case management goals and instructional objectives, procedures for reassessment, dismissal, referral, consultation, or evaluation of staff competencies, all of which represent vital components of a well-designed language, speech, and hearing program.

A national set of standards and guidelines should be of assistance to school districts with the most comprehensive programs and to those that provide limited or no special services. Accommodating for these differences in a national manual is a difficult task. To accomplish the task, the ASHA School Affairs Program staff, over a three-year period, conducted a needs assessment study with school district, university, and state department of education personnel to determine current practices and critical issues in school language, speech, and hearing programs and to develop, where possible, consensus positions to be used in designing this manual on standards and guidelines. More than 4000 professionals in general education, special education, speech pathology, and audiology have participated in formulating the concept of comprehensive services presented. A draft of the document was sent for critical review to 200 school supervisors, administrators, service personnel, and representatives of the ASHA Committee on Language, Speech, and Hearing Services in Schools, the American Boards of Examiners in Speech Pathology and Audiology (ABESPA), and the ASHA Professional Services Board (PSB).

The standards and guidelines are consistent with those established by ABESPA for other clinical environments and have been developed to serve several basic purposes:

1. To assist any school district in developing, managing, and evaluating its language, speech, and hearing program.
2. To provide state departments of education and universities with an outline of current thinking about comprehensive school programs for pupils with special needs in developing communication skills.
3. To serve as a manual of standards that must be met by those school districts that wish to demonstrate accountability to school boards and the public through accreditation of their program by the ASHA Professional Services Board of the American Boards of Examiners in Speech Pathology and Audiology.

The *standards*, as presented, are intended to serve as a criterion reference in program evaluation. The *guidelines*, hopefully, will provide assistance in determining whether or not each standard has or can be met.

To further assist school personnel in their desire to provide comprehensive service programs and to demonstrate accountability to school boards, parents, and the public, ASHA has implemented a peer review, program evaluation and accreditation system that can be used by any school district that meets or establishes goals to meet the current standards presented in this manual. Procedures for achieving accreditation are described in the appendixes.

In addition, the ASHA School Affairs Program has published a manual for formal program planning, development, management, and evaluation that can be obtained after September 1, 1974, by writing the ASHA National Office.

It is important for school personnel to understand that each school district program need not, at the present, directly provide all services outlined in the next section, "Continuum of Services Concept," to be eligible for accreditation.

Finally, the Association recognizes that meeting the standards as presented will not necessarily ensure quality *performance* in each service procedure. The standards have been written to serve as a frame of reference for those districts involved in program assessment and as an important step toward presenting a broad overview of basic program structure and service. Obviously, additional information is required before in-depth, professional determinations can be made about the quality and effectiveness of each service procedure as it is performed (doing the right things) and the efficiency of program operation (doing things the right way). This is the primary reason for establishing the accreditation and peer review system.

Careful study of the "Continuum of School-Clinical Services" and the sections on "Administration," "Supervision," and "Program Staff" should assist school personnel in systematically defining roles and responsibilities for each staff member in meeting pupil needs, regardless of the variations among school district structures.

THE CONTINUUM OF SERVICES CONCEPT

A comprehensive service program should be designed within a conceptual framework that accounts for the infinite diversity of individual needs and abilities to be found in the typical school population. According to Weintraub, Abeson, and Braddock (1971, p. 87):

> **"Special education can be conceptualized as a continuum whose one extreme is minor assistance to children in otherwise normal environments to the other extreme of education for children in residential environments."**

In 1971, the Council for Exceptional Children released a policy statement on "Basic Commitments and Responsibilities to Exceptional Children" that set forth a "continuum of services" and recommended delivery models for educating all handicapped children. Concurrently, the American Speech and Hearing Association outlined a plan for delivering services along a continuum ranging from the severe communicative disorders found in some children to the common needs all children have in developing basic competencies in communication skills.

Figure 1 presents, in a conceptual outline, the continuum of language, speech, and hearing services that should be implemented for children in school programs. In addition, the section entitled "Continuum of School-Clinical Services" presents a standard for comprehensive services and offers guidelines for meeting pupil needs. The section on "Program Service and Scheduling Models" identifies the different types of service and scheduling models that may be required to meet the disparate needs of children.

Data in Table 1 (from Weintraub et al., 1971, p. 87) make it obvious that many communicatively handicapped children presently are not receiving any special services or instruction.

TABLE 1. Communicatively impaired children receiving educational services

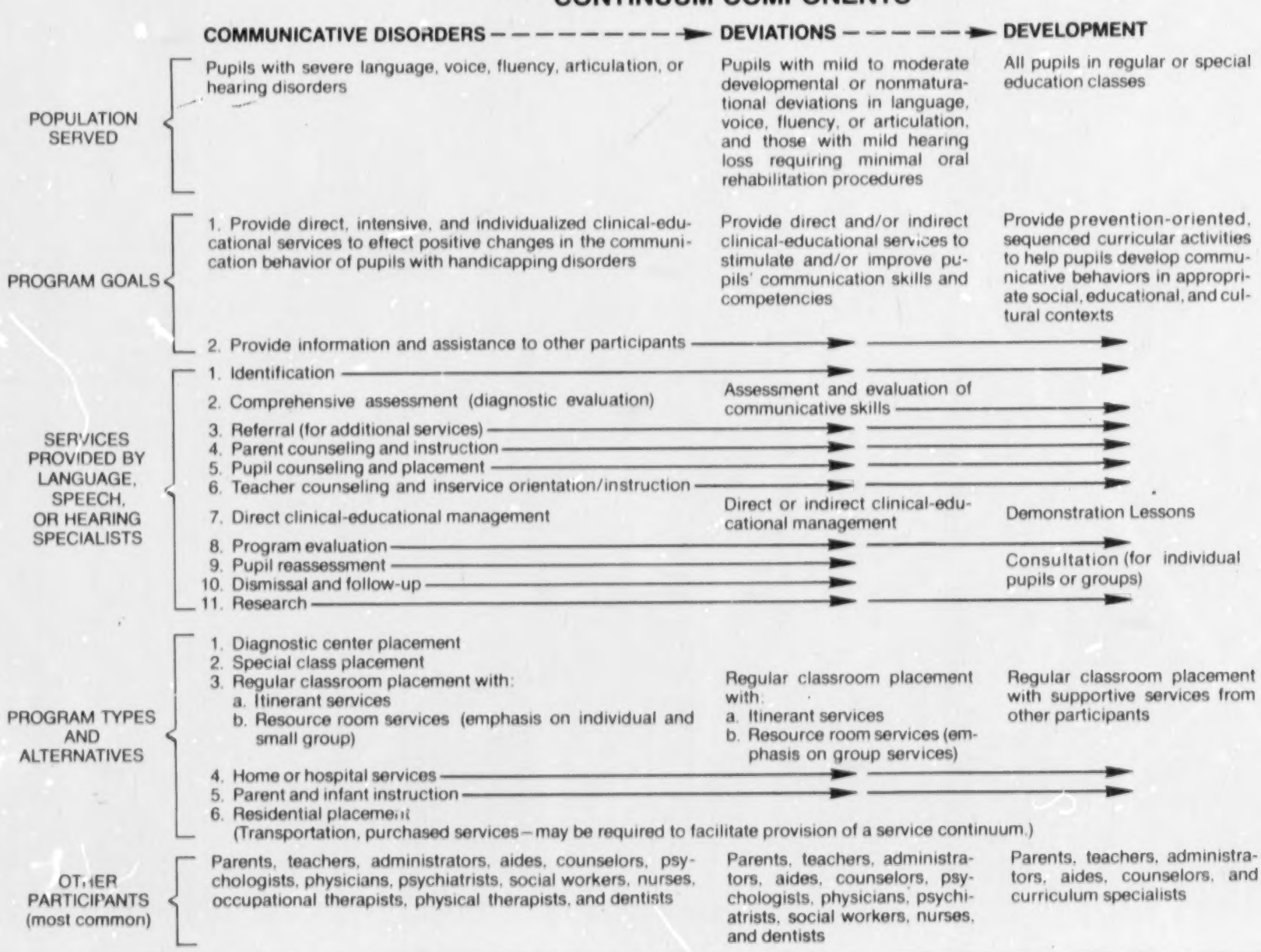
	Deaf	*Speech Impaired*	*Hard of Hearing*	*Language Impaired*
Estimated number of children	45,681	2,145,647	260,981	(not given)
Number of children receiving services	20,771	1,122,232	44,430	(not given)
Percentage of children receiving services	45	52	17	(not given)

Further, school supervisors, researchers, and peer review teams evaluating school programs report to ASHA that too many children being served in special education programs are not receiving the quality of support required because full services are not available, or they have been placed in inappropriate programs.

The effects of severe communicative disabilities in children may be prolonged and pervasive: academic failure, psycho-social maladjustment, and loss of future earning power can result from the lack of proper habilitative opportunities provided early in life. Some schools have recognized their continuing responsibility to provide the most effective and economically efficient language, speech, and hearing programs possible; some have not.

The American Speech and Hearing Association subscribes to the national goal of full, appropriate services for all children and especially for those with special needs in language, speech, and hearing. Recent court cases have reaffirmed each child's legal right to receive appropriate services and instruction in the schools. More than 40 states have some form of mandated services for handicapped children. Over 25 states have enacted legislation requiring varying systems for achieving instructional and fiscal accountability in public education, and the State Education Accountability Repository (SEAR) reports that an additional 16 states anticipate the introduction of such legislation during 1973 (Hawthorne, 1973).

Figure 1. The continuum of language, speech, and hearing services for children and youth.


CONTINUUM COMPONENTS
COMMUNICATIVE DISORDERS
DEVIATIONS
DEVELOPMENT
POPULATION SERVED
Pupils with severe language, voice, fluency, articulation, or hearing disorders
Pupils with mild to moderate developmental or nonmaturational deviations in language, voice, fluency, or articulation, and those with mild hearing loss requiring minimal oral rehabilitation procedures
All pupils in regular or special education classes
PROGRAM GOALS
1. Provide direct, intensive, and individualized clinical-educational services to effect positive changes in the communication behavior of pupils with handicapping disorders
Provide direct and/or indirect clinical-educational services to stimulate and/or improve pupils' communication skills and competencies
Provide prevention-oriented, sequenced curricular activities to help pupils develop communicative behaviors in appropriate social, educational, and cultural contexts
2. Provide information and assistance to other participants
SERVICES PROVIDED BY LANGUAGE, SPEECH, OR HEARING SPECIALISTS
1. Identification
2. Comprehensive assessment (diagnostic evaluation)
Assessment and evaluation of communicative skills
3. Referral (for additional services)
4. Parent counseling and instruction
5. Pupil counseling and placement
6. Teacher counseling and inservice orientation/instruction
7. Direct clinical-educational management
Direct or indirect clinical-educational management
Demonstration Lessons
8. Program evaluation
9. Pupil reassessment
10. Dismissal and follow-up
Consultation (for individual pupils or groups)
11. Research
PROGRAM TYPES AND ALTERNATIVES
1. Diagnostic center placement
2. Special class placement
3. Regular classroom placement with:
a. Itinerant services
b. Resource room services (emphasis on individual and small group)
Regular classroom placement with:
a. Itinerant services
b. Resource room services (emphasis on group services)
Regular classroom placement with supportive services from other participants
4. Home or hospital services
5. Parent and infant instruction
6. Residential placement
(Transportation, purchased services – may be required to facilitate provision of a service continuum.)
OTHER PARTICIPANTS (most common)
Parents, teachers, administrators, aides, counselors, psychologists, physicians, psychiatrists, social workers, nurses, occupational therapists, physical therapists, and dentists
Parents, teachers, administrators, aides, counselors, psychologists, physicians, psychiatrists, social workers, nurses, and dentists
Parents, teachers, administrators, aides, counselors, and curriculum specialists

The continuum of comprehensive services and the standards and guidelines presented in this manual are made available to school districts with the intent of assisting school personnel in their efforts to establish goals and objectives that will ensure appropriate intervention programs for every child needing language, speech, and hearing services . . . the ultimate goal.

REFERENCES

HAWTHORNE, PHYLLIS. *Characteristics of and Proposed Models for State Accountability Legislation.* Denver: Cooperative Accountability Project (1973).

WEINTRAUB, F. J., ABESON, A. R., and BRADDOCK, D. L. *State Law and Education of Handicapped Children: Issues and Recommendations.* Arlington, Va.: Council for Exceptional Children (1971).

GOALS AND OBJECTIVES OF SCHOOL LANGUAGE, SPEECH, AND HEARING SERVICE PROGRAMS

STANDARD

A language, speech, and hearing program in the schools shall have a primary goal to meet the needs of each pupil in developing maximum competence in communication. All goals and objectives shall be written and well defined. Goals and objectives shall be known to the school administrator(s); the professional personnel providing services; other programs or departments within the school system; cooperating agencies outside the school system; parents of pupils with language, speech, and hearing needs; and the community at large.

Guidelines

A. The goals and objectives of school language, speech, and hearing programs should be established to meet the varying communication needs and skills of individual pupils, should reflect comprehensive planning, and should provide for the development of a continuum of services including appropriate procedures for early identification, diagnosis, consultation, referral, habilitation, instruction, and evaluation.

B. The objectives established for a continuum of services should demonstrate a defensible rationale for all aspects of programming including case selection, proper staff:pupil ratios, and criteria for termination of services.

C. The professional staff providing language, speech, and hearing services should have the major responsibility for writing the goals and defining the objectives designed to meet pupil needs.*

D. Program goals and objectives should ensure that an *individual* pupil's needs and behavior remain central to the provision of services.

E. The program goals and objectives should compliment those of the total school program; be consistent with and appropriately represent the qualifications of staff, space, and fiscal resources; and reflect the program's growth potential.

*See ASHA publication entitled *Program Planning, Development, Management, and Evaluation*, which describes a formal system for program and pupil management by objectives. Available by writing to the ASHA National Office, after September 1, 1974

CONTINUUM OF SCHOOL–CLINICAL SERVICES

STANDARD

School districts shall assume responsibility for serving each pupil with language, speech, and hearing needs by providing a continuum of comprehensive instructional and clinical services or by contracting for such services (that is, neighboring school systems, community agencies, and so on).*

Guidelines

A. A comprehensive school language, speech, and hearing program should provide a continuum of services to meet the needs of all pupils.

B. Establishment of pupil eligibility for various program services and the procedures used for staff assignments should include consideration of factors in two broad areas: the severity of the pupil's communication problems in terms of any present and future social and educational handicaps and the likelihood that these handicaps will lessen with the kinds of services that can be made available. Every school district should have a well-designed communication disorders component for pupils with severe language, speech, and hearing handicaps who have demonstrated potential for the development of language and speech. A full-service program will also use staff and resources to provide services for pupils who have less handicapping communication deviations and services in language and speech development for all pupils in regular and special classes. Pupils receiving special services may move from one program component to another; for example, a pupil with a severe voice disorder may enter the *communication disorders component* for intensive work and, after successful modification procedures, move to the *communication deviations component* to insure carry-over and stabilization of new behavior. Later, the same pupil (with staff guidance) may participate in the *communication development component* by talking to peers about the use and maintenance of a healthy voice in communication at school and home. The pupil population, goals and objectives, personnel, services, and scheduling models vary with each program component. However, those services listed under the disorders component should be provided in any quality language, speech, and hearing program.

C. The *communication disorders component* should provide direct services for pre-academic and academic pupils with:

1. Language handicaps which are often the basis for learning disabilities and may involve disordered syntax, semantics, morphology, and phonology (severe articulation disorders).
2. Voice disorders (chronic).
3. Disfluency (stuttering).
4. Hearing impairment (peripheral and central) affecting social, emotional, and/or educational achievement.
5. Language, speech, and hearing disorders accompanying conditions of cleft palate, cerebral palsy, mental retardation, emotional/behavior disturbance, visual impairment, autism, aphasia, and so on.

(These pupils will generally require intensive individual or small-group intervention often involving the services of many professional and paraprofessional personnel.)

D. The *communication deviations component* should complement the disorders component and should provide direct or indirect services for pupils' deviations such as:

1. Transitory misarticulations usually correlated with maturational and learning periods in which consonant acquisition and stabilization occurs.
2. Potentially handicapping, but mild developmental delay in language skills usually associated with experiential or other factors.
3. Mild hearing loss affecting speech or voice quality stabilization and maintenance but not affecting social and academic skills and requiring minimal aural rehabilitation, including hearing aid adjustments, preferential seating, and some adjustments in the teaching style of the regular classroom teacher.

*Some pupils receive assistance from qualified personnel in clinical settings that have contracted with school districts to provide language, speech, or hearing services. Several school districts use a clinical model for service delivery which includes only the communication disorder component of the continuum.

4. Identifiable voice deviations (often transitory).
5. Some nonmaturational misarticulations that may not interfere with intelligibility, but may result in self-conscious reactions as a result of teacher, parent, or peer response.
6. Mild residual verbal differences remaining after treatment in the communication disorders component and requiring minimal supervision for maintenance and stabilization of new behavior.
7. General language and speech retardation as a concomitant of significantly depressed intellectual ability.

(Pupils described in Item 1 above should be identified and followed, but, generally, would not be enrolled in an individual or small-group treatment program when diagnostic performance indicates high probability of sound acquisition with further development and maturation. They may receive large group assistance. Pupils in Items 2 through 6 may require group work to improve their communication performance. Pupils described in Item 7 may or may not be enrolled individually or in groups for their language and speech deviations depending on their communication needs and the quality of their classroom curriculum, class size, and so on. Pupils with mental retardation generally need a sequentially presented daily language curriculum. Some, however, must have extra help individually or in small groups because of disordered language, speech, or hearing and should be included in the communication disorders component.)

E. The *communication development component* should serve to ensure the development and maintenance of maximum communication competence for all pupils. This component provides for:

1. The language, speech, and hearing staff to work with school personnel and parents to create an awareness of those factors that prevent communication disorders and contribute to the development of communication competencies in pupils.
2. Programs to be developed that teach pupils about language, speech and hearing processes.
3. Communication development staff to work with curriculum specialists and teachers to implement sequenced curricular activities that contribute to the development of positive communication attitudes and skills involving listening, cognition, and expression (verbal and written) within social, educational, and cultural contexts.
4. Staff to effect ongoing consultation and/or demonstrations for teachers to teach the concepts and techniques involved in working with pupils on communication skill development.
5. Staff to understand the different ethnic and cultural linguistic patterns of pupils and specialists to work with all school personnel in understanding, appreciating, and programming to accommodate for these communication differences.
6. Communication development activities to be available to all pupils in regular classes and those in special education classes.

ADMINISTRATIVE STRUCTURE

STANDARD

A language, speech, and hearing program in the schools shall have a clear and well-defined administrative structure.

Guidelines

A. The language, speech, and hearing program should be an inherent component of the school system's organizational structure. That structure should provide for:

1. Clear definition of the authority and responsibilities of the administrator.
2. Written policies which are periodically reviewed concerning the relationships between the administrator and other school staff.
3. Definition of and appropriate adherence to communication procedures between the administrator and his administrative superiors.
4. Status for the program administrator commensurate with the responsibilities assigned and with other administrators in the same school system having similar responsibilities.

B. One person should be designated program administrator. The administrator should have advanced preparation, experience, and certification in speech pathology, audiology, and/or education of the hearing impaired, as appropriate. Some administrators of school language, speech, and hearing programs do not meet these criteria but are competently trained in a related discipline (that is, general or special education, psychology, and so on). In these instances, the administrator should delegate such responsibilities as case determination, case management supervision, and evaluation of staff competencies in direct case management to personnel at the supervisory or case management level with the appropriate training, experience, and certification. When supervisory staff prepared in language, speech, and hearing are not available, the best qualified member(s) of the professional staff with such preparation should be assigned program coordination responsibilities. The coordinating staff member should be responsible for assisting in difficult diagnoses, case selection, scheduling, establishment of case management goals and performance objectives, reassessment, formulation of dismissal criteria, referral and consultation. In those school districts with a program administrator untrained in the field of communicative disorders and one speech pathologist, the speech pathologist generally should be given authority to make basic case management decisions and be provided with funds and opportunities for obtaining outside consultation and peer review of program and case management practices when necessary.

C. If the program is to achieve its full potential for service, the program administrator should assume responsibilities including the following:

1. Assume or delegate leadership responsibilities and have the authority to use staff in developing goals and objectives and in implementing program procedures designed to achieve them.
2. Have the authority, within budgetary limitations, to define the staff positions necessary to carry out the special program and participate in or be responsible for the selection (employment) of qualified persons to fill staff positions.
3. Have the responsibility to recommend dismissal of a staff member for cause and in accordance with established legal procedures.
4. Have authority and responsibility in cooperation with the staff for the financial management of the language, speech, and hearing program.
5. Participate in recommending salary levels, salary schedules, and salary increases for personnel in the program.*
6. Participate in any administrative decisions that affect the program in terms of program policy, budget allocations, professional travel, space commitments, or use of staff.
7. Have the responsibility for assessing the

*When new salary schedules are structured or in determining merit pay, or pay for extra duties assumed by staff members.

per unit cost of the various services within the program and be involved in the determination of federal, state, and local expenditures for the program.

D. The program administrator, in cooperation with the staff, should establish an administrative structure and continuum of services to best meet the goals and objectives of the language, speech, and hearing program. The structure should provide for:

1. All staff members to be given the opportunity to help establish procedures for facilitating formal communication between the program administrator and program staff.
2. Intracommunication among sections of the program, for example, regularly scheduled staff meetings and individual conferences.
3. An effective intercommunication system for relating to other departments within the school environment.
4. Appropriate intra- and interprogram staffing procedures for individual pupils.
5. A specific and detailed plan for pupils to move into, within, and from the program.
6. The responsibilities and authorities of each individual staff member to be carefully defined by the program administrator and clearly understood with staff members taking part in determining their role descriptions, responsibilities, and competencies.
7. An energetic, ongoing program of public relations and education to be carried out by the program administrator and staff.
8. A systematic and continuing inservice education program budgeted for, implemented, and based on an analysis of total program staff needs and needs of individual staff members.
9. All regulations and policies affecting the program, such as communication procedures with principals, teachers, parents, and other programs; staff travel, vacations, sick leave, criteria for salary increases, and similar items to be clearly written and communicated by the program administrator to all staff.
10. A system of record keeping that is standard throughout the program to be carefully planned, implemented, and monitored by the appropriate staff member (see page 17).
11. A program for parent counseling, instruction, and participation.
12. Strategies that are devised and used to evaluate progress, demonstrate accountability, and contribute to professional expertise and growth.
13. The language, speech, and hearing program to establish formal systems for cooperating with community, county, state, and federal agencies and with professional organizations, for example, the American Speech and Hearing Association, Council for Exceptional Children, and state associations.
14. Appropriate facilities and adequate equipment and supplies to be provided for the staff to carry out their work (see page 19).
15. As a general rule, a full-time program administrator with experience meeting at least the criteria required for the ASHA Certificate of Clinical Competence and to be employed when the staff size reaches approximately 30 (see "Program Supervision" for additional guidelines).

PROGRAM SUPERVISION

STANDARD

Patterns of supervision in the language, speech, and hearing program shall be implemented to ensure quality control of services. Supervisors (coordinators, consultants, teaming specialists, and so on) shall hold the ASHA Certificate of Clinical Competence or its equivalent as defined by the American Boards of Examiners in Speech Pathology and Audiology (ABESPA) in the area(s) in which they supervise (speech pathology and/or audiology). Supervisors (coordinators, consultants, and so on) of programs for hearing-impaired pupils (deaf and hard of hearing) shall hold Professional Level Certification or its equivalent as defined by the Council on Education of the Deaf (CED).*

Guidelines

A. Supervision and coordination should be provided for all language, speech, and hearing staff. As a general rule, where fewer than 10 staff members are employed in any one specialty area ([1] speech pathology/audiology or [2] education of the hearing impaired), an appropriately qualified staff member should be assigned coordination responsibilities on at least a a part-time basis (see "Administrative Structure"). Each specialty area with 10-29 staff members should have a full-time supervisor. Additional supervisors should be employed in each specialty area for every 15 professionals in excess of 29 staff members. Programs exceeding 20-30 staff members should have one full-time program administrator trained in speech pathology and audiology and at least one supervisor. More supervisory time may be required when the staff includes individuals in their first year of employment or individuals with training below the master's degree. Substantial additional supervisory time will be required when the system provides practicum experience for college and university students or employs communication aides.* Proper supervision provides for:

   1. Evaluating the effectiveness of staff members performing their assigned duties.

   2. Professional competencies of staff providing direct pupil services to be evaluated by an experienced person credentialed in language, speech, and hearing and meeting at least the minimum requirements established by ASHA for certification.

   3. Peer evaluation to be used when the program administrator or supervisor does not meet ASHA certification criteria or their equivalent.

   4. Conferences pertaining to case management to be held periodically with each staff member.

B. The frequency and nature of the supervision should depend on the qualifications and skills of the staff being supervised. The following guidelines are suggested:

   1. Master's level staff members in their first year of employment (defined by ASHA as the Clinical Fellowship Year) should be directly supervised not less than 15% of actual pupil-contact time (averaged over the period of one school year).

   2. University students fulfilling practicum in school language, speech, and hearing programs should be directly supervised not less than 30% of their actual contact time. Undergraduate students may require more than 30% direct supervision to assure adequate supervision. (The supervision time may be divided between program supervisors, qualified program staff, and/or university supervisors following a jointly-agreed-upon supervision plan).

   3. Bachelor's level staff in their first year of employment should be directly supervised no less than 20% of actual pupil-contact time and experienced staff with the bachelor's degree 15%.

   4. Communication aides will vary in the amount of supervision required depending

*Communication aide is synonymous with teacher aide or paraprofessional.

*CED Certification criteria may be obtained by writing to the Conference of Executives of American Schools for the Deaf, 5034 Wisconsin Avenue, N.W., Washington, D.C. 20016.

on their specific training and experience in the language, speech, and hearing program.*

C. Program management responsibilities for the supervisor should include:
   1. Developing, in conjunction with staff and administration, a list of needs, goals, and measurable objectives for the program.
   2. Developing a formal data collection system for program and case management and for local, state, and national reports.
   3. Assisting in recruitment, interviewing applicants, and making recommendations for employment and dismissal of professional and paraprofessional staff.
   4. Conferring with other school staff members in assigning and evaluating staff.
   5. Using specific skills and talents of staff members where they will have the greatest impact on the total program.
   6. Establishing program guidelines and procedures for screening, scheduling, referral, case selection, and case termination.
   7. Securing adequate physical facilities for the program and staff.
   8. Preparing and disseminating information about language, speech, and hearing services to school personnel, public and private agencies, the community, and the profession.
   9. Cooperating with school and other public and private agencies in making and accepting referrals following formal procedures.
   10. Providing systematic student observation and practicum experience in cooperation with colleges and universities.
   11. Preparing program requests and recommended budgets and ensuring that necessary equipment, supplies, and materials are ordered and maintained.
   12. Observing and evaluating staff and communication aides.

D. Consultative responsibilities of the supervisor include:
   1. Discussing and demonstrating methods of improving direct services.
   2. Serving as a resource person in assisting staff with complex diagnostic and remedial cases.
   3. Serving as a resource person to staff working with communication aides.
   4. Acting as a resource person in individual or group parent counseling and instruction.
   5. Assisting in school curriculum development to ensure that the specialized skills of staff are used in the total educational program and that sequenced curricular experiences are provided for all pupils in developing receptive, associative, and expressive skills.
   6. Encouraging the development of professional interests, talents, and leadership potential of individual staff members.

E. Program development and evaluation responsibilities of the supervisor include:
   1. Applying results of research in continuing program development and evaluation and encouraging and coordinating research projects using the special skills or interests of the staff.
   2. Developing school and community programs to increase awareness of language, speech, and hearing problems.
   3. Encouraging, implementing, and evaluating exemplary programs for communicatively handicapped pupils.
   4. Developing in-service training for staff, communication aides, classroom teachers, administrators, and other school personnel.
   5. Providing parents with information and assistance.
   6. Establishing a system for continuous formal evaluation of the total language, speech, and hearing program.
   7. Using school and community resources to provide comprehensive services for communicatively handicapped students.
   8. Disseminating information from professional organizations and conferences to school personnel to upgrade pupil services through an informed staff and making available current information about materials and equipment that can enrich the program.
   9. Formulating and writing program and grant proposals.

---

*See "Guidelines on the Role, Training, and Supervision of the Communication Aide." *Asha*, 12, 78-80 (1970).

PROGRAM STAFF

STANDARD

Qualified language, speech, and hearing staff shall be employed to provide diagnostic, habilitative, instructional, and consultative services for pupils with special communicative needs and disorders. Staff in speech pathology and audiology shall hold the appropriate ASHA Certificate of Clinical Competence or the equivalent or be adequately supervised. Staff providing curricular instruction for hearing-impaired pupils shall meet standards equivalent to those for the Professional Level Certificate from the Council on Education of the Deaf (CED).

Guidelines

A. A sufficient number of staff members should be employed and used to ensure that quality services can be provided efficiently for all pupils in compliance with full, appropriate service requirements.*

1. Staff:pupil ratio requirements for *nonclassroom* language, speech, and hearing staff should be flexible enough to provide optimum, individualized services in direct accord with diagnosed pupil needs. Staff:pupil ratios should be established by language, speech, and hearing specialists and should be based upon professional self-judgment. Consideration should be given to such factors as:
   a. Frequency of sessions required. (Pupils generally should be scheduled for at least two to five sessions per week initially. Pupils on maintenance or follow-up may be scheduled less frequently as their progress warrants such reduction.)
   b. Types and severity of pupils' problems.
   c. Nature and level of services required by pupils to allow them to progress at optimum rates in accomplishing specific objectives.
   d. Ages, intellectual abilities and social-emotional behaviors of pupils to be served.
   e. Transportation schedules of pupils.
   f. Travel required and number of facilities to be served if the specialist is assigned to an itinerant role.
   g. Professional competencies of the specialist.*
   h. Other professional responsibilities of the specialist, such as screening, assessment, interdisciplinary pupil staffings, parent/teacher consultation and instruction, record-keeping, and supervision of student teachers or aides.
2. Questions of professional judgment in caseload determination and management should be directed to a program supervisor in language, speech, and hearing, the appropriate state consultant, or a peer review team.
3. School district staff:pupil ratios established for *self-contained* or *resource classroom* program models should be set in relation to:
   a. Types and severity of disorders represented in each pupil grouping and the clinical-educational needs of each pupil.
   b. Chronological age range represented in the grouping.
   c. Type of program to be provided.
   d. Supportive personnel available to the class or resource room.

B. Coordination time (equal to at least one-half day per week) should be provided to staff delivering pupil and consultant services. This time is necessary to allow staff to perform additional professional responsibilities including parent conferences, counseling, and instruction; attendance at in-service and professional development activities; interdisciplinary staffings and consultations with medical and other professional support personnel; screening and assessing pupils

*See appendixes for a discussion of staff:pupil ratios appropriate for different populations of pupils, program models, and geographic areas.

*When a specialist does not have the competencies to work with a particular pupil, other appropriate provisions should be made.

referred after the initial identification program has ended; classroom observation of pupils; and communicating and consulting with teachers.

C. Staff members should be given released time and financial support for participation in orientation workshops, and in-service and continuing education, including professional meetings and conferences.

D. The language, speech, and hearing staff should have responsibilities for determining and using professionally sound procedures for identification, diagnosis, referral, caseload selection, case termination, and follow-up, to include:

1. Employing reliable assessment procedures, techniques, and standardized tests necessary for thorough and accurate diagnosis and assessment of pupil needs and behavior.
2. Conveying pertinent information to cooperating personnel.
3. Using additional professional resources when supplementary diagnostic information is needed.
4. Formulating short- and long-term intervention goals and objectives to meet individual needs.
5. Planning and conducting teacher and parent conferences.
6. Redefining objectives and modifying habilitation and instructional procedures as needed.
7. Effecting appropriate follow-up procedures for pupils dismissed from the program.
8. Using research strategies and results to improve program and case management.
9. Reviewing relevant case files including school and health records.
10. Originating and following procedures for an appropriate and efficient record-keeping and evaluation system.
11. Establishing effective working relationships with school personnel, other professionals, and parents by:
    a. Acquainting principals, teachers and other school personnel with language, speech, and hearing services.
    b. Participating in interdisciplinary staff conferences with school district and community personnel.
    c. Serving on diagnostic teams established in the district for purposes of identifying, assessing, and recommending placement and/or treatment of handicapped pupils.
    d. Providing and following schedules for assigned schools and informing appropriate personnel of any departure from the schedule.
    e. Evaluating the condition of work facilities and equipment in relation to pupil needs and making recommendations to the appropriate supervisor and/or administrators.
12. Cooperating with local district, community, regional, state and federal programs to effect comprehensive services, research, and/or training of personnel.

E. Language, speech, and hearing staff, using ongoing assessment and evaluation procedures, should establish general and specific pupil instructional objectives.

1. The staff should have a realistic concept of the prognosis and ultimate goals the pupil can be expected to achieve.
2. Pupil communication skill objectives should reflect the pupil's abilities as well as the limitations imposed by restricting factors revealed in the diagnostic assessment.
3. Written goals, target objectives, and learning steps should be specified in the communication skill modification-educational plan for each pupil.
4. Plans for the modification of communication skills should be consonant with the goals and objectives of the pupil's total educational program.

F. The staff should establish general and specific program objectives for rapid attainment of positive behavioral changes in pupil learning and communication.

1. Systematic procedures for the review of diagnostic findings, instructional and clinical methods, and pupil progress should be evident.
2. The staff should be able to plan an effective program, including methods, techniques and materials for accomplishing objectives.

3. The staff should be able to execute plans to assure that each pupil experiences a feeling of accomplishment in meeting specific objectives and should be sensitive to the pupil's progress or lack of progress in achieving defined objectives.
4. The staff should have formal methods for evaluating and documenting the pupil's progress in achieving specific objectives and terminal goals.
5. Records of daily performance should be maintained.
6. Objective tests or pre- and post measures should be administered at appropriate intervals.
7. The staff, following established procedures, should seek additional evaluations and/or professional consultation when the pupil fails to make satisfactory progress.

IDENTIFICATION AND DIAGNOSTIC ASSESSMENT PROCEDURES

STANDARD

School programs shall have formal identification and diagnostic assessment programs to determine, as early as possible, all pupils needing special language, speech, and hearing services.

Guidelines

A. Language, speech, and hearing personnel should be responsible for implementing and conducting formal identification and diagnostic assessment programs which include:

1. Provision for speech and language screening.
   a. The population to be screened and the screening model(s) used should be specified explicitly.
   b. Qualified personnel should conduct or supervise screening programs. Supportive personnel may conduct screening under supervision of a qualified professional after receiving appropriate training.
   c. The tasks, items, or tests used in screening should provide for a sampling of auditory processing skills, articulation, language, voice, and fluency, and should be carefully selected to ensure their appropriateness for the population screened. Pertinent factors to consider are age levels, socioeconomic status, cultural and primary language background of pupils, and ease of administration.
   d. Screening procedures should be uniformly adminstered by all examiners.
   e. Normative criteria should be agreed upon by staff and may represent data that are national, regional, or based on previous studies of the school district.
   f. The reliability and validity of rapid screening procedures should be tested at regular intervals. (One procedure includes using second testers to rescreen or administer more refined diagnostic measures to a representative sample of pupils already screened.)
   g. Diagnostic sessions or referrals for further evaluation should be arranged for those pupils who show speech and language problems significant enough to warrant further assessment.
2. Provision for hearing screening.
   a. An audiologist should be used in designing hearing screening programs, and the services should be conducted or supervised by a qualified audiologist or speech pathologist with appropriate training. Supportive personnel may administer screening tests under supervision of a qualified professional after receiving appropriate training.
   b. Screening of all pupils at regular intervals should be provided using at least limited frequency audiometric testing with individuals or groups. (Some schools have facilities for threshold screening.) Individual tests are recommended for use with prekindergarten through third-grade pupils unless reliable computerized or other group procedures are available. Individual or group tests may be used with pupils above the third-grade level.
   c. Screening audiometers should be calibrated to American National Standards Institute (ANSI) specifications initially, and recalibrated regularly (at least annually). Daily listening checks should be performed to determine that audiometers are grossly in calibration and that no defects exist in major components.
   d. The ambient noise level in any space used for audiometric screening should not exceed 51 dB.
   e. Screening procedures should be administered uniformly by all testers, with specified test frequencies, screening level, and criterion for failure. Minimal procedures include screening at 20 dB HTL at 100 and 2000 Hz and at 25 dB HTL at 4000 Hz. If this limited procedure is used, failure to hear at the screening level for any one frequency is the criterion for failure.
   f. Rescreening of failures may be provided immediately or within a week or two of

the initial testing.

g. Comprehensive audiological evaluation should be obtained for pupils failing the rescreening and should be administered by qualified audiologists. If the school district does not have the facilities for such evaluations, referral to an audiologist with ASHA certification or equivalence should be made.

h. Referral for otological and educational evaluation should be provided as warranted for individual pupils with hearing loss.

i. Procedures should be established to obtain, when needed, an evaluation of a hearing-impaired pupil's potential for use of amplification, and to assist in the acquisition of individual or group amplification equipment when appropriate.

3. A referral system which includes contacts with teachers, school administrators, parents, and other professionals having responsibility for, or knowledge of, pupils with communication disorders, deviations, or developmental needs.

B. Comprehensive diagnostic services should be provided for pupils determined by screening or referral to have problems with language, speech, or hearing. No pupil should be selected for services on the basis of screening results. Diagnostic procedures should include:

1. A study of factors in the pupil's developmental history, home situation, and school environment which relate to the origins and maintenance of the disability being assessed.

2. As a minimum, assessment of articulation, language, fluency, voice, hearing acuity and perception, and examination of the peripheral speech mechanism. Additional information such as case history (medical, developmental, family, and social), physical examination results, academic history, psychological evaluation, and educational evaluation should be obtained for pupils who need more comprehensive diagnostic services.

3. Determination of the effect of the disability on the individual pupil and adjustments made to the problem as the pupil perceives and/or reacts to it.

C. Diagnostic tests and procedures in language, speech, and hearing assessment should be administered and results reported by describing the significant behaviors observed. Procedures should provide for:

1. All comprehensive language and speech assessments to be administered or supervised by a speech pathologist with the ASHA Certificate of Clinical Competence or equivalent qualifications.

2. All comprehensive audiometric testing and audiometric evaluations to be carried out by or under the immediate supervision of an audiologist with the ASHA Certificate of Clinical Competence or equivalent qualifications.

3. Specialized tests, materials, and equipment appropriate to the diagnostic process and available for use by qualified language, speech, and hearing program staff. Procedures should provide for:

a. The sociocultural and linguistic home environments of pupils to be considered in determining appropriate assessment procedures and instruments. (The pupil's primary language or home language is of primary concern in selecting, administering, and interpreting tests.)

b. Tests to determine the intellectual functioning of hearing-impaired pupils to be selected from non-language performance scales standardized on, or adapted for, the hearing-impaired.

4. A diagnostic-educational team for pupil assessment and placement when needed using the services of a speech pathologist, audiologist, teacher, psychologist, physician and other appropriate specialists.

D. School programs should have written criteria and established procedures to determine eligibility and placement of pupils in language, speech, and hearing programs. These criteria and procedures should include:

1. Recommendations of diagnostic-educational teams for pupil assessment and placement. When team decisions for professional services are made for pupils with language, speech, and hearing needs, qualified language, speech, and hearing specialists should have primary responsibility for determining the type of program model needed, the extent of services to be provided, and the frequency of direct and indirect contacts scheduled for pupils.

2. Assignment of responsibility to the language, speech, and hearing staff, to recommend the type, extent, and frequency of services required by pupils with communication needs, deviations, and disorders when team recommendations are not required.
3. A diagnostic report describing the pupil's specific behaviors, defining the problem precisely, and providing a foundation for formulating objectives and planning educational procedures within the language, speech, or hearing program as well as the pupil's total school program.
4. Reporting to referring individuals, clinics, or agencies promptly. Where significant delays in reporting exist, there should be cogent reasons for such delays and an explanation should be made to those who referred the pupil.
5. A process for informing the parent(s) or guardian(s) of the results of screening and assessment, the diagnosis, and plans for habilitation before placement of any pupil.
6. Specified procedures for parental appeal of placement decisions.

E. Pupil placement should be reviewed on an annual basis and pupils enrolled in language, speech, and hearing services should be evaluated and/or comprehensively reassessed at least annually by the staff. When comprehensive reassessment is required, pupils should be referred to the diagnostic-educational team by the specialist providing services. In either case, written recommendations should be prepared for either retention in the program, transfer to a different program or service option, or dismissal and follow-up.

PROGRAM SERVICE AND SCHEDULING MODELS

STANDARD

Program service and scheduling models shall be designed to meet the special communication needs of each pupil. The language, speech, and hearing staff shall have primary responsibility for determining the program services and schedules needed to meet individual pupil needs and program objectives.

Guidelines

A. Language, speech, and hearing services should use, as appropriate, all of the program service and scheduling models described below:

1. *Diagnostic/educational team.* The diagnostic/educational team provides comprehensive differential diagnosis, assessment, and educational planning for some pupils with communicative disorders. The team should include language, speech, and hearing specialists, physicians, psychologists, and other professionals from related disciplines. The team's role is one of assessing pupils and assisting specialists and classroom teachers in formulating an educational plan and ongoing evaluation system. This model serves the communication disorders component as well as other special education and general education programs, although not all pupils with communicative disorders will need to be seen by the team.
2. *Diagnostic center placement.* This option may be used to provide thorough diagnostic assessments and appropriate educational plans for pupils enrolled on a short-term basis in the center. Services are given by speech pathologists, audiologists, teachers of the hearing-impaired, and other support personnel in a multidisciplinary team approach. Such centers may operate on either a local, cooperative, or regional basis.
3. *A full-time special class.* A specialized, complete instructional day program with an objective of at least minimal integration (that is, lunch and playground) is provided by the language, speech, or hearing staff to meet the needs of pupils whose communicative disorders prevent successful enrollment in regular or other special classes. The pupils require intensive daily habilitative-instructional procedures and other supportive services. Full- or part-time communication aides are essential. In the special class, the educational program emphasizes the development of receptive and expressive language competencies necessary for academic, social, and emotional growth. (This model is most useful for young pupils with severe communicative disorders.)
4. *The transition or integration class.* A transition class is a special class where communicatively handicapped pupils working daily with language, speech, and hearing personnel for at least half of the school day are beginning integration into regular or other special classes where they spend the remainder of the school day.
5. *The resource room.* A resource room is a part-time class (less than half time) where language, speech, or hearing specialists provide a minimum of one hour of daily instruction for individual pupils or groups with severe language, speech, or hearing disorders and requiring intensive services. These pupils will continue to be enrolled in regular or special classes.
6. *Regular classroom placement with supportive services.* This option may be used for pupils with communicative disorders, deviations, or general communication development needs. Supportive services provided by language, speech, and hearing specialists include direct or indirect services to pupils enrolled in regular or special classrooms from a language, speech, or hearing specialist and/or a team operating on either of the following:
   a. Itinerant basis—the specialist provides continuous, ongoing services to pupils in more than one school or center. Scheduling options for this type of service include intermittent sessions on a regular basis, or intensive cycling, which provides daily service in a particular school or center for a specified period of time.
   b. Single building basis—the specialist is

assigned full time to one building or center. Services may be provided by either intermittent or intensive scheduling. Many school districts are assigning at least one language, speech, and hearing specialist to a single building on a full-time basis to permit implementation of the full continuum of services, expedite appropriate scheduling, improve communication with teachers and other school staff, and expand parent counseling and instruction.

7. *Hospital, or home-bound.* A language, speech, or hearing specialist works in this model with pupils who have communicative disorders but are unable to attend school because of confinement to their homes or to a hospital.

8. *The consultant model.* The language, speech, or hearing staff provide information for the regular or special classroom teacher or aide when a pupil in the class requires some modification in the program, materials, or procedures offered by the regular or special classroom teacher. The staff may provide some short-term supplementary language and speech development assistance to several or all pupils in the regular classroom with the provision that the classroom teacher and the parents will establish the carry-over of the new language and speech behavior. Similar services may be provided by the language, speech, or hearing staff to selected pupils in special education classes. In addition the language, speech, or hearing specialist in this model becomes responsible for teacher and paraprofessional in-service education programs.

9. *Parent/infant instruction services.* In this option, parents are provided with guidance and instruction for assisting infants and preschoolers to develop appropriate communicative behaviors and skills. The guidance and instruction provided by language, speech, and hearing specialists may be given in schools, centers, homes or other approved facilities as appropriate. This model is considered most applicable for pupils who, because of organic or other symptoms, are determined to be at high risk for developing necessary learning and communicative skills.

10. *Contractual and/or cooperative services.* This option involves the establishment and maintenance of a contractual arrangement to provide services when appropriate program placement is not available locally, or the district school population does not yield a sufficient base to establish a sequential program. Contractual arrangements may be defined as joint agreements to operate programs involving two or more districts within the state, or contracting to purchase services for individual pupils from in-state agencies or other local school districts.

11. *Residential program placement.* This option should be considered primarily for pupils with severe communicative disorders, and consists of arranging intra- or inter-state agreements with appropriate agencies, state schools, or private schools to accept pupils when other local or in-state alternatives are not available to meet unique needs of individual pupils.

B. Once the individual needs of pupils to be served have been determined, the language, speech, or hearing staff should establish appropriate service schedules to meet those needs and:
   1. Each staff member should coordinate schedule development, where possible, with teachers and the program supervisor and/or administrator.
   2. Once a schedule based on pupil needs has been developed by the language, speech, or hearing specialist, it should be disseminated to all appropriate school personnel by the program administrator or other persons in authority (that is, director of special education, principal, and so on).

C. Schedules should be changed for individual pupils as their need for service changes. Appropriate school personnel should be apprised of these changes.

D. All specific service and scheduling models described should be permitted by program and reimbursement policies established by state departments of education. If not, it is often possible to provide a continuum of services by creatively using existing funding categories at all levels, securing approval for experimental programs, or building a complete rationale stressing the need for a new program-funding model to meet the needs of pupils. In other instances, provision of full, comprehensive

services may call for a reinterpretation of existing policies by the state education agency. State departments of education throughout the nation can provide vital consultative aid, policy clarification, leadership, and services. State department consultants may give assistance to local district staff in planning program models and establishing eligibility for state funding. Finally, if present funding options are inappropriate, it is often possible to get new, enabling legislation by documenting needs and securing the support of parent and professional groups.

DATA SYSTEMS, RECORDS, AND REPORTS

STANDARD

Language, speech, and hearing programs in the schools shall have and use data and reporting systems to facilitate program planning, management, and evaluation and permit the acquisition of current information at program and case management levels.

Guidelines

A. Data collection systems should serve as a vehicle for improving communication, preserving pertinent information, and facilitating program and pupil evaluation.

B. In determining data to be collected, the following selection criteria are among those that should be considered:

1. Decision making and program planning for pupils.
2. Improving staff performance.
3. Decision making and planning for delivery systems.
4. Planning and reporting requirements of local, state, and federal agencies.
5. Effecting pupil-based evaluation.
6. Providing a baseline for cross-sectional and longitudinal research.

C. The data system should be based on scientific procedures at the program management and case management level. Necessary steps in such procedures are the following:

1. Determination of needs.
2. Determination of goals and objectives.
3. Delineation of constraints and resources.
4. Development of alternative procedures.
5. Implementation of selected processes.
6. Evaluation of procedures.
7. Analysis of cost benefits.
8. Provision of a vehicle for feedback and modifications.

D. A process for all program decision making should emerge from systems of data classification, data collection, and data retrieval.

E. Information in the pupil's cumulative school record should be available to the language, speech, and hearing staff.

F. Behavioral observations provided by referring teachers or other staff members should be recorded, summarized, and communicated to the language, speech, and hearing staff using formal referral procedures.

G. Notations concerning dates of enrollment in and dismissal from the language, speech, and hearing program should be made on the pupil's permanent record.

H. Appropriate standard case records should be adopted by the program staff reflecting pupil needs in the various program models used in the school district.

I. The following additional characteristics should be incorporated in a comprehensive case record form:

1. Records of all services provided by language, speech, and hearing personnel should be meaningful, comprehensive, detailed, and currently complete.
2. Each case record should include relevant information about the pupil prior to admission to the program (medical records, psychological reports, educational tests and observations, case history, and so on).
3. The name of the referring teacher, agency, physician, or other professionals should be recorded.
4. Files should contain all correspondence available on each pupil, or indication of where such information is located (for example, in a school confidential cumulative file).
5. Copies of the case history, results of all tests administered, diagnostic reports, and recommendations should be available in the case record.
6. A detailed report of the services offered each pupil including reports of progress should be included.

Each case record should provide a valid chronology of all services rendered.

J. Formal procedures should be established to ensure provision of individual case records and reports for every pupil receiving special services.

K. Procedures should be adopted and used for

adding information to case records (that is, phone calls, teacher and parent conferences, and so on) for the purpose of maintaining current and complete records.

L. In all cases, a formal plan should be carefully followed to preserve the security and confidential nature of all case records.

M. Files should be readily available for use by authorized school personnel.

N. Records should indicate that information has been released to referring sources or to other responsible parties as requested.

O. Before language, speech, and hearing information is released, each case record should contain a signed release authorizing the department to forward pupil data to other responsible parties.

P. Each item appearing in the record should be dated and properly signed by appropriate persons. Frequent recording procedures (preferably daily records) should be utilized to maintain current diagnostic and/or clinical treatment information and to provide for continuity and case progress evaluation.

Q. Program administrators, supervisors, and/or coordinators should maintain program level information (number of staff, staff assignments, staff case loads, types of departmental services, and so on) for the purpose of reporting to state departments of education, school administrators, and boards of education, and to permit adequate program analysis and evaluation. Information to be maintained and renewed would include:

1. Evidence of approval of program personnel and pupil participation in programs.
2. Demonstration of continuity and sequential development of programs.
3. Descriptions of the nature and extent of present services.
4. Accurate assessment of present needs and valid estimations and projections for future needs.
5. Necessary information for periodic program evaluation by staff or outside consultants.
6. Baseline data for research efforts necessary to improve decision-making, program planning, and staff performance.

PHYSICAL PLANT AND EQUIPMENT

STANDARD

The program environment shall be suitably situated, constructed, furnished and maintained in order that pupils receive effective professional services under conditions of maximum efficiency, safety, comfort, and privacy.

Guidelines

A. The facility used for language, speech, and hearing services should be suited to pupil and staff needs.*

1. A facility of adequate size which permits privacy and is relatively free from extraneous noise should be provided.
2. The facility should be adequately furnished for the type of services offered, for example, contain a sink and have chairs and a table of appropriate size for the pupils and specialist, a locked file cabinet for pupil records, and adequate storage space for program materials and equipment.
3. The facility should be properly heated (or cooled) and lighting should be adequate throughout, with several electrical outlets.
4. If audiological services are offered, a specially constructed sound-treated suite providing adequate attenuation of outside noise should be available.
5. Rooms should be readily accessible to nonambulatory pupils in schools where the physically handicapped are enrolled and all new school facilities should be designed to be barrier-free architecturally.
6. When the available space within individual schools is inadequate and future construction plans do not include space for these programs, mobile language, speech, and hearing units or prefabricated rooms should be considered.

B. The equipment should be adequate to accomplish the specific goals and objectives of the language, speech, and hearing program.

1. A sufficient amount of appropriate materials and equipment necessary to meet the service requirements and management goals established for each pupil should be available for each language, speech, and hearing program specialist. Some materials and equipment necessary for pupil diagnosis, habilitation, and evaluation include: audiometers, auditory trainers, tape recorders or similar devices, expendable instructional materials and supplies, special test kits and equipment, forms for records and reports, professional references, and file cabinets.
2. Special equipment should be provided within special classrooms and resource rooms for hearing-impaired pupils, including acoustical treatment of the classrooms, auditory amplification systems and/or individual amplification devices, projectors, and other audio-visual equipment. Specialized equipment should also be provided for pupils with language disorders in special classrooms and resource rooms.
3. For programs offering comprehensive audiological diagnostic services, the minimum audiometric test equipment should include a soundproof suite, a calibrated audiometer with provision for field audiometry, a calibration log, specification of standards used (ISO, ASA, ANSI), and a maintenance plan. The audiometric instrumental array should be capable of performing at least the following diagnostic procedures:
   a. Hearing screening.
   b. Pure-tone air and bone conduction testing (with contralateral masking).
   c. Speech discrimination and speech reception audiometry.
   d. Site-of-lesion battery.
   e. Hearing aid evaluation and/or consultation.

*Specific guidelines may be obtained from ASHA.

RESEARCH

STANDARD

Language, speech, and hearing programs in the schools shall demonstrate a commitment to quality services through support of relevant research programs.

Guidelines

A. School administrators should encourage and support research projects initiated and/or conducted by language, speech, and hearing staff.

B. Financial and time provisions should be made for the scientific evaluation of program methodologies; that is, identification, instruction, follow-up, scheduling, staff professional behavior, and so on.

C. School programs should encourage and support cooperative research with universities, community agencies, and other institutions involved in the study of communicative behavior.*

D. Research activities should complement the language, speech, and hearing program's goals and objectives.

E. The language, speech, and hearing program staff should implement a systematic procedure for the review of research literature and the application of new information to clinical and instructional procedures.

*See ASHA Guidelines on *Speech and Hearing Alliances in Research and Education*.

APPENDIXES

STAFF:PUPIL RATIOS

State and local education agencies often request guidelines for establishing staff:pupil ratios in language, speech, and hearing programs. The determination of an appropriate caseload or class size is subject to many variables that should be studied, including:

a. The professional staff member's judgment of each pupil's needs and the frequency of contact required to effect the greatest positive change in communication skills in the shortest time period.

b. The types of program and scheduling models available.

c. Additional program responsibilities of staff (teacher consultation, parent services, record-keeping, diagnostic staffing, screening, and so on).

d. The number of pupils needing help.

e. The geographic area to be served.

f. Socioeconomic nature of the community.

g. Availability of communication aides.

h. Number and availability of special education and pupil personnel staff.

i. Administrative, supervisory, and clerical support.

Historically, language, speech, and hearing specialists too often have managed excessive staff:pupil ratios which resulted from inadequate numbers of trained specialists, inflated state and/or local required caseload maximums, and staff desire to provide some level of service for all pupils in need. Pupils with severe language, speech, and hearing disorders affecting their social and learning behavior often failed to receive the quality of service required because of limited contact with the specialist.

Staff:pupil ratios established by state departments of education have varied from 1:1000 pupils in a district to 1:3000. If a prevalence figure of 5% is used for children with communicative disorders, the first ratio would give each staff member 50 pupils to serve and the second one would result in 150. In reality, any generalized ratio is inappropriate. Determinations of caseload or class size should be established after the school district (1) completes a needs assessment and identification program, (2) obtains diagnostic assessments of pupils with problems, and (3) establishes goals and objectives outlining all services to be provided (to each pupil, parent, teacher, and so on). Goals and objectives established in rural districts to meet pupils' needs may be considerably different from those in central city districts, and class or caseload sizes should be tailored carefully to the needs and service models required.

Obviously, new school districts or those without previous language, speech, and hearing services need some guidelines for initiating programs. These districts can (1) contract with qualified outside agencies or personnel to conduct a needs assessment by completing an identification program and obtaining diagnostic assessments to determine the number, ages, and types of problems among pupils in the district and, then, make a determination of types of services and personnel required; or (2) employ staff using a fixed ratio (1:1000 or 1:1500) to initiate the program. These staff can complete a needs assessment, determine the types of program models necessary for serving the pupils in need, and recommend appropriate staff:pupil ratios.

School districts, in meeting pupil needs, have found it necessary to assign some specialists to fewer than six pupils (preschool deaf or language-impaired class). The average caseload for specialists providing quality support services for hearing-impaired pupils who are integrated full time into regular classes in some districts is 12. Another specialist may provide language, speech, and hearing services to 25 pupils with cerebral palsy. Some specialists with caseloads composed of pupils having varying types and degrees of communicative impairment may be able to manage 50-60. The nature of service required and all other program variables should be evaluated carefully before staff:pupil ratios are determined. Within the continuum concept, the staff:pupil ratios will vary with each program component. In any component, for each staff member required to serve too many pupils, there will be several pupils who cannot compensate for the loss in service quality and, indeed, will not achieve to their fullest potential in school.

ACCREDITATION OF SCHOOL PROGRAMS

American Speech and Hearing Association (ASHA)

The American Speech and Hearing Association is a scientific and professional association with a current membership of approximately 16,500. The purposes of this organization are to encourage basic scientific study of the processes of individual human communication, with special reference to speech, hearing, and language; promote investigation of disorders of human communication, and foster improvement of clinical procedures with such disorders; to stimulate exchange of information among persons and organizations thus engaged; and to disseminate such information. The American Speech and Hearing Association is the organization authorized by the National Commission on Accrediting to carry out the accreditation of master's degree programs devoted to professional training in speech pathology and audiology.

The American Boards of Examiners in Speech Pathology and Audiology (ABESPA)

The American Boards of Examiners in Speech Pathology and Audiology was established in 1959 by the American Speech and Hearing Association. The purposes of ABESPA are: (1) to establish and maintain boards of examiners responsible for the formulation of standards; (2) to arrange and to conduct examinations to determine the qualifications of individuals, organizations, and institutions applying for certificates of competence; (3) to grant and to issue appropriate certificates; (4) to maintain a registry of holders of such certificates; and (5) to prepare and to furnish to proper persons and agencies lists of individuals who have been certified, and organizations and institutions which have been accredited. The boards of ABESPA are the Education and Training Board (ETB), the Professional Services Board (PSB), and the Clinical Certification Board (CCB). These boards have been established to provide for the evaluation of educational programs; of organizations providing clinical language, speech, and/or hearing services to the public; and of individual clinical qualifications of speech pathologists and audiologists.

Professional Services Board (PSB)

The function of the Professional Services Board is to determine the qualifications of language, speech, and hearing service programs that apply for accreditation of services. The chairman reports the recommendations of the PSB to the directors of ABESPA. Accredited programs are listed on the register of PSB Accredited Programs. This list of accredited clinical service programs appears in publications of the Association and may be furnished to appropriate persons and agencies upon request.

BENEFITS OF PSB ACCREDITATION OF SCHOOL LANGUAGE, SPEECH, AND HEARING PROGRAMS

Accountability

The process of PSB accreditation is a means of providing assurance to the public that a school language, speech, and hearing program meets basic professional service standards and subscribes to a code of professional ethics. The procedures outlined for obtaining PSB accreditation, along with the standards and guidelines presented in this manual, establish the basis for a peer-review system that offers objective evaluation of a program under consideration.

Continuing program review and evaluation, as included in the procedures for accreditation, promotes ongoing program planning, adherence to established standards, and continual upgrading of services.

Visibility

Personnel in school language, speech, and hearing programs that have received accreditation through ABESPA regard the process, and subsequent program approval, as a major factor in achieving greater visibility for their programs and services within the local school system and the profession. This kind of professional recognition, when conferred on a program, division, or unit that is part of a larger school district, also serves as an acknowledgment of the interest and support contributed by the larger system and demonstrates the success and quality of the program or unit to others within the total system.

In these times of increasing budgetary constraints and closer scrutiny of program effectiveness, it is essential to highlight those programs, services, and personnel that are both productive and necessary in meeting special needs of the school population.

Staff Recruitment and Retention

Supervisors and administrators of school language, speech, and hearing programs have reported a deceleration in annual staff turnover rates as the job market has become more constricted because of general economic conditions. Staff recruitment has correspondingly, become somewhat easier in recent years, but recent studies of professionals in the field still reveal a predominantly young, mobile group. Although the majority of these professionals are employed in the public schools, other types of employment opportunities (in clinics, private and public agencies, universities, hospitals, business and industry, research centers, private practice, and so on), are increasingly available to those who meet professional certification standards.

Professionals applying for ASHA certification tend to give first consideration to job offerings in programs that have been awarded PSB accreditation because they believe that professional standards are valued and maintained in such programs and they will receive the amount and kind of supervision that is required for completion of their certification internship (Clinical Fellowship Year). In addition, persons with both advanced degrees and previous experience prefer employment in settings that allow them to operate on a fully professional level.

Surveys of professionals conducted periodically by both ASHA and individuals in the profession tend to show that job dissatisfaction is highest among school personnel when they feel that their employment setting does not allow them to make maximum use of their professional training because of inadequacies in program structure and management.

Assistance and Consultation

The evaluation by peers that is a feature of the PSB accreditation procedure often provides new perspectives on current program philosophies, goals, policies, service models, staffing patterns, and so on, and should be of much assistance in helping program administrators and supervisors in their determination of present and future needs.

Finally, programs accredited by the PSB have access to the full assistance and consultative services of ASHA through the Office of the Associate Secretary for Clinical Program Development. Workshops, consultation visits, and periodic progress reports are available to supervisors and administrators of accredited programs. Local school officials should be encouraged to view the accreditation fees in cost-benefit terms, since they will be receiving ongoing evaluation and consultative services at relatively minimal cost. Most alternative methods for peer evaluation and ongoing consultation are comparatively much more expensive.

PROGRAMS ELIGIBLE TO APPLY FOR ACCREDITATION UNDER FULL STANDARDS OF THE PROFESSIONAL SERVICES BOARD (PSB)

Professional Services Board accreditation is intended to include programs reflecting the wide diversity of language, speech, and hearing service patterns. Free-standing hearing and speech centers, clinics in hospitals and rehabilitation agencies, college and university clinics, public and private school programs, state or federal health and service agencies providing language, speech, and/or hearing programs, and private practitioners may apply for accreditation.

1. *Recognized Entity:* Programs must be identifiable as a unit or entity by the following:
   a. A title (for example, "clinic," "center," "department," "unit," "service," or "division") which includes reference to human communication disorders (for example, "speech," "speech pathology," "hearing," "audiology," "language," or "communication") and is consistent with the service offered by the program.
   b. A recognized legal status (for example, corporation, company, or partnership) if a free-standing program.
   c. A recognized place in the administrative structure if part of a larger institution, affirmed by that institution as a program entity.
   d. A person in charge of the program with an appropriate title (for example, "director," "supervisor," "coordinator," "head," or "chairman").
   e. A unified pattern of administration and supervision. For accreditation procedures, a program may consist of:
      (1) Staff activities all conducted in a single location,
      (2) A program in a single location with some limited staff activities (either temporary or part-time) in other locations,
      (3) Several staff activity units in different locations under a single program headquarters, or
      (4) A major program with satellite programs in different locations.

Programs which are of Type 1 or Type 2 may apply for accreditation as a single program. Programs which are of Type 3 may apply for accreditation as a single program, providing each staff activity unit is clearly under the administrative control of the program's headquarters and no staff activity unit has administrative autonomy; each of its staff activity units must be included in the program's accreditation site visit. The Professional Services Board may determine that single staff activity units either have sufficient program autonomy or are located at distances great enough from each other to be considered separate programs, even though they are related by a common central administration. Such units must then apply for accreditation as individual programs.

Programs which are of Type 4 may apply for accreditation as a single program, providing each satellite program is clearly under the administrative control of the major program and that no satellite program has nearly complete administrative autonomy; each of its satellite programs must be included in the major program's accreditation site visit. The Professional Services Board may determine that satellite programs either have nearly complete administrative autonomy or are located at great enough distances from the major program to be considered as separate programs, even though they are related by a common agency administration. Programs which are of Type 4 may also elect to apply, with each satellite program applying separately as an individual program to receive its own accreditation.

Upon application, programs must clearly state what staff activities, staff activity units, or satellite programs outside the major program location are to be included in a single application for accreditation. A single certificate of accreditation with a single program title will be issued for each program approved for accreditation.

2. *Location:* Programs in the United States or Canada may apply.
3. *Experience:* Programs which have completed one year (nine months) of successful operation may apply.
4. *Tax Status:* Programs which are either profit or nonprofit, private or public may apply.

5. *Staff Size:* All programs employing at least one (1) full-time person with the Certificate of Clinical Competence or equivalent qualifications* in each area of the program to be accredited are eligible for application. "Full time" is defined as a single individual working 35 or more hours per week in the program, with primary responsibility in the clinical area for which the Certificate of Clinical Competence is held.
6. *Program Operation:* Programs must offer a full-time program of clinical services. A full-time program, for purposes of accreditation, is defined as one which is in operation a minimum of 35 hours per week for 12 months each year, except for usual and customary periods of vacation (such as those for public and private schools).
7. *Services:* Programs offering either diagnosis-evaluation or habilitation or both, in the area of speech pathology or audiology or both, may apply. Programs offering services only in speech pathology or audiology may apply for accreditation in the appropriate area. Supporting services of the other area may be present in a program designating one area of service emphasis (for example, hearing screening in a speech pathology program or speech screening in an audiology program).

Programs that offer services in both speech pathology and audiology must apply for accreditation in both areas. "Hearing" services which are composed of classes or individual instruction for deaf children need not be accredited as audiology services, but staff members should be competent to work with deaf children. The only exception to this rule is for programs which are by legal statute titled "language, speech, and hearing" programs and which offer "language, speech, and hearing" services by individuals titled "language, speech, and hearing clinicians" ("pathologists," "specialists," or "correctionists"), such as public health or public school programs. Such programs may apply for accreditation in either speech pathology or audiology if the staff of such programs are certified by ASHA in only one area.

The title of a program should be consistent with the area(s) of services (speech pathology or audiology) offered. When the title of a program is nonspecific as to the area of services (for example, "communication," "language," or "logopedics"), the areas of service to be accredited will be determined by the nature of the services offered.

*The American Boards of Examiners in Speech Pathology and Audiology currently define equivalency to the Certificate of Clinical Competence (CCC) as meeting the academic, practicum, and work experience requirements, now listed for the CCC, and, in addition, achieving a passing score on the National Examination in Speech Pathology and/or Audiology. Evaluation of credentials for equivalency may be made by submitting materials to the Professional Services Department of the American Speech and Hearing Association.

ACCREDITATION PROCEDURES

An Overview

Directors of service programs desiring that their agency, institution, or program be approved under the Professional Services Board's full standards should request an application form from the ASHA National Office, 9030 Old Georgetown Road, Washington, D. C. 20014.

Programs applying to the Professional Services Board must certify that they are in compliance with the Civil Rights Act of 1964, and that they do not discriminate on the basis of sex, race, religion, or national origin in the distribution of clinical services to the community and in the hiring and advancement of personnel.

If the application for Accreditation of Services indicates that certain preliminary criteria are met, a site visit is arranged. It is the policy of the Professional Services Board not to make site visits unless the information in the application establishes a reasonable probability for approval and subsequent accreditation. The Professional Services Board will terminate or suspend the evaluation at any point where the Board becomes convinced that accreditation cannot be forthcoming. The director of the applying program is always provided a full explanation of any such action. A site visit usually takes two days, but may be modified in certain cases. The findings of the site visitors are reported to the Professional Services Board which has the responsibility of recommending programs for accreditation to the American Boards of Examiners in Speech Pathology and Audiology. If a program fails to meet the requirements of the Professional Services Board, the program director is so informed with appropriate explanation, and the agency's name is not included on the register of accredited programs until it meets requirements. Confidentiality of the application, site visit, and evaluation is maintained.

Accreditation is for a period not to exceed five years. Sixty days prior to the end of the fifth year, the director of the accredited program will be requested to submit an application on the appropriate PSB form, which is, in effect, an original application. The Board, on receipt of this application, will review the materials, and decide on the necessity for a site visit prior to the continuation of accreditation. Renewed accreditation will be for up to five years as was the period of original accreditation, subject, of course, to routine annual review by the Professional Services Board.

All accredited programs are required to make an annual report to the Professional Services Board. This report covers (1) progress in areas which needed strengthening, and (2) changes in staff, location, physical plant, and so on.

Site Visits

Selected members of the language, speech, and hearing profession serve as site visitors. The site visitors are chosen for a particular visit on the basis of their geographic location and their particular competencies. All site visitors are certified in the area or areas being evaluated and are staff members of programs accredited under the full standards by the Professional Services Board. Usually, two persons conduct the site visit, but the number may vary.

The site visitors' role is that of collectors and verifiers of data, although of necessity there are evaluative aspects to their responsibilities. They should not be called upon to offer consultative services in the performance of their duties, nor asked to express opinions concerning the quality of the program they are visiting. Such judgments are the responsibility of the Professional Services Board and are based on all information available.

No personal, financial, or other conflicts should exist between the program to be evaluated and any site visitor. If potential or actual conflict is perceived, an appointed site visitor must disqualify himself and report this to the PSB Chairman. Similarly, the identity of the site visitors is given to the program director so he may petition for a different team if he deems it appropriate. The Professional Services Board reserves the final right of assignment of site visitors to a program.

Site Visitor Preparation

The director of the program should forward a tentative agenda to the site visitors so they may (1) meet initially with the program's director, (2) conduct interviews with various members of the staff, (3) make

a sampling of files and records, (4) observe diagnostic and therapeutic sessions, (5) examine facilities and equipment, (6) meet with board members or executive officers, and (7) talk with representatives of other agencies and professions in the community. If specific modifications to the proposed agenda are desired by the site visitors, the chairman of the site visit team will so advise the program director.

Summary of Accreditation Costs

A nonrefundable application fee of $50 accompanies the initial application.

If the program is approved for a site visit, a charge will be made to the program upon conclusion of the site visit for $400. This charge is for transportation, room and board, and incidental expenses of the site visitors (no stipends are paid to site visitors for their work). In the event a program has difficulty meeting the site visit charge with a single payment, special arrangements may be made through the Professional Services Department of the American Speech and Hearing Association.

Routine annual program review during the four years following the year of accreditation is required. A $10 fee is charged for each annual review. In summary, the costs for a five-year period of accreditation are as follows:

Application Fee	$ 50
Site Visit Fee	400
Annual Review Fees	40 (for four years)
Total Maximum Cost	$490
or	
Average Annual Cost for Five-Year Accreditation	$ 98 per year

At the end of the five-year accreditation period, the program applies again with an application fee ($50), a site visit fee ($400) where applicable, and annual review fees ($10 per year). In the event that there have been no major changes in a program's operation over the five-year accreditation period and the program appears to be meeting the standards adequately, the Professional Services Board may elect to dispense with a site visit. In such cases, no site visit fee for the second five-year accreditation period will be charged. In this case, accreditation costs will average only $58 per year over the 10-year period.

Suspension or Termination of Accreditation

If, during the accreditation period, the program's annual review report indicates that there have been extensive changes in the program so that it no longer meets the standards for accreditation, the Professional Services Board may recommend suspension or termination of accreditation. Prior to such action, the program would be given every opportunity to present evidence bearing on its ability to continue to meet requirements, or to institute changes that would correct deficiencies. The Board may elect, in such instances, to request full reapplication information and may require a site visit, with accompanying fees, before the program's accreditation is renewed or continued.

Appeal Procedure

If accreditation is denied or withdrawn by the American Boards of Examiners in Speech Pathology and Audiology, the program has the right of appeal. Notice of intention to appeal should be directed to the Chairman of ABESPA, ASHA National Office. The Chairman will provide detailed information on the appeal procedure to be followed. Appeal steps include (1) a reevaluation and review of all application data and site visit reports by the Professional Services Board and ABESPA, (2) a second stage appeal procedure that includes a hearing, at which representatives of the program may appear, and (3) a final appeal stage involving the appointment of a special hearing panel whose members will not have been involved in any earlier accreditation action pertaining to the program, and whose decision will be final.

ASHA REQUIREMENTS FOR THE CERTIFICATE OF CLINICAL COMPETENCE

Which requirements for the Certificates of Clinical Competence apply?

Enclosed are copies of the *Requirements for the Certificate of Clinical Competence 1972 (last revised November 1970)* and the *Requirements for the Certificates of Clinical Competence (January 1, 1973)*. In order to determine which set of requirements apply, you may use the following rule of thumb. Ordinarily an applicant for the Certificate of Clinical Competence will be held to the requirements in effect two years before his completion of the academic and practicum requirements for certification. However, if the Clinical Fellowship Year is not initiated within five years of the time academic and practicum requirements are met, the applicant must meet the requirements that are current when the Clinical Fellowship Year is begun. Thus, although the 1973 requirements went into effect on January 1, 1973, the Clinical Certification Board does not anticipate receiving applications under these 1973 requirements until after January 1, 1975. It should be noted, however, that during the period from January 1, 1973, until January 1, 1975, should an individual desire to have his application evaluated under the 1973 requirements, he may do so simply by submitting a written request to this effect when applying for certification. Also, all applicants who complete professional training between January 1, 1973, and January 1, 1975, and do not meet the 1972 requirements will automatically be evaluated to see if they meet the 1973 requirements.

REQUIREMENTS for the CERTIFICATE OF CLINICAL COMPETENCE 1972

(Last revised November 1970)

Address all correspondence to: Clinical Certification Board, American Speech and Hearing Association, 9030 Old Georgetown Road, Washington, D.C. 20014.

The American Speech and Hearing Association issues its Certificate of Clinical Competence to individuals who provide satisfactory evidence of ability to work independently and without supervision with those having disorders of speech, hearing, and language. The designation of Speech Pathologist or Audiologist indicates the field of major interest, training, and experience.

The requirements for the Certificate emphasize competence that results from specialized training and experience. Those who apply for the Certificate should have secured a broad general education to serve as a base for the professional training and experience gained at upper-class and graduate levels.

To qualify for the Certificate of Clinical Competence, an individual must:

1. be a Member of the American Speech and Hearing Association. (See Note 1.)

2. submit transcripts from one or more accredited colleges or universities presenting evidence of the completion of 60 semester hours (see Note 2) constituting a well-integrated program that includes 18 semester hours in courses that provide fundamental information applicable to the normal development and use of speech, hearing, and language and 42 semester hours in courses that provide information about and training in the management of speech, hearing, and language disorders and that provide information supplementary to these fields.

Of these 42 semester hours, no fewer than 6 may be in audiology for the Speech Pathologist or in speech pathology for the Audiologist.

No more than 6 of these 42 semester hours may be in courses that provide academic credit for clinical practice.

Of these 42 semester hours, at least 24 must be in the management area in which the Certificate is requested.

Furthermore, 30 of these 42 semester hours must be in courses acceptable toward a graduate degree by the college or university in which these courses are taken.

3. submit evidence of the completion of 275 clock hours of supervised, direct clinical experience with individuals presenting a variety of disorders of communication, the experience being obtained within the training institution or in one of its cooperating programs. (See Note 3.)

4. present written evidence from his supervisor of nine months of full-time professional employment pertinent to the Certificate being sought. This experience is known as the Clinical Fellowship Year (CFY) and must follow the completion of requirements 1, 2, and 3. (See Note 4.)

5. submit a letter from the director of the training program in which the academic training and clinical practice were obtained. The letter must support the candidate by certifying that he has met the spirit and letter of the requirements for the Certificate and by recommending that the Certificate be granted when all the requirements have

been met. (See Note 5.)

6. pay the required fees. (See Note 6.)

7. receive approval of the fulfillment of requirements 1 through 6 from the Clinical Certification Board.

8. pass a written examination that evaluates the candidate's knowledge in the AREAS cited below. (See Note 7.)

9. be approved by the American Boards of Examiners in Speech Pathology and Audiology (ABESPA) on recommendation of the Clinical Certification Board.

Notes

1. Membership requires the Master's degree (or equivalent) with major emphasis in speech pathology and/or audiology. Applications for membership should be addressed to the Committee on Membership at the National Office of the American Speech and Hearing Association.

2. The 18 semester hours in courses that "provide fundamental information applicable to the normal development and use of speech, hearing, and language" should be selected with emphasis on the "normal" aspect. Examples of course content to meet this requirement are: linguistics, physics of sound, phonetics, anatomy and physiology of the speech and hearing mechanisms, speech science, communication theory, psychology of communication, acoustics, developmental psychology, language development, etc. Other upper-division content, as described under AREA A of the examination, may possibly be acceptable (see Note 7), but the majority of content must be in the above-described areas. Courses designed to improve the speaking or writing ability will not be considered. Some of these 18 hours may be obtained in courses that are not conventionally taught in departments that provide training programs in speech pathology and audiology.

Courses that provide an overview of research, e.g., introduction to graduate study or introduction to research, which consists primarily of a critical review of research in communication sciences, disorders, or management thereof and/or a general presentation of research procedures and techniques which will permit the clinician to read and evaluate literature critically will be acceptable to a maximum of three semester hours. Ordinarily such courses will be credited in the "supplementary area"; however, a protion of such credit may be applied to the "fundamental area" or "management area" if substantive content of the course(s) covers material in those areas. Course work in statistics will also be acceptable to a maximum of three semester hours; such credit will be applied only to the "supplementary area." Academic credit for a thesis or dissertation may be acceptable to a maximum of three semester hours in the appropriate area. An abstract of the study must be submitted with the application if such credit is requested. In order to be acceptable, the thesis or dissertation must have been an experimental or descriptive investigation in the areas of speech and hearing science, speech pathology, or audiology; that is, credit will not be allowed if the project was principally a survey of opinions, a study of professional issues or a study of curricular design.

It is appropriate that the minimum of 24 hours of coursework in audiology include content relative to the deaf as well as the hard of hearing.

Examples of course content to supplement the study of the mangement of speech, hearing, and language disorders are: psychology of personality or adjustment, psychology and education of the exceptional child, psychometrics, abnormal psychology, clinical psychology, counseling, interviewing, social work, otolaryngology, and similar material.

In the evaluation of credits, one quarter hour will be considered the equivalent of two-thirds of a semester hour. Transcripts that do not report credit in terms of semester or quarter hours should be submitted for special evaluation.

3. The student clinician is expected to obtain significant direct clinical experience with those in *each* of three age categories—pre-school and school age children and adults. Although the student clinician should obtain experience with both speech *and* hearing disorders, a major part of this experience (at least 200 clock hours) must be in the area (speech pathology or audiology) in which he seeks certification, and not less than 25 hours must be obtained in the minor area. For certification in speech pathology, the student clinician is also expected to have significant experience in both the evaluation and rehabilitation of a number of speech and language problems. He must not have less than 30 clock hours of experience in diagnosing speech and language problems, and he must have no less than 25 clock hours of experience in diagnostic and/or therapeutic management for each of disorders of articulation, language, voice, and rhythm. In the area of audiology, he must have obtained significant experience in both auditory evaluation and aural rehabilitation. A minimum of 150 clock hours of clinical experience must be obtained during graduate study.

Directors of training programs will recognize the desirability of giving students the opportunity for observation of the various procedures of a clinical program and of providing an environment in which the student learns by general observation of daily activities, but this passive participation is not to be construed as direct clinical practice. Neither may time spent in the writing of reports, in preparation for clinic sessions, in conferences with supervisors, nor in class attendance be credited as direct clinical experience.

Opportunities for supervised, direct clinical experience should be provided only after students have had sufficient coursework to qualify them to work as student clinicians. The student should be assigned to work with those presenting disorders of communication only after he has sufficient background and maturity to undertake clinical practice under supervision. Supervision must be provided by competent professional workers who hold the Certificate of Clinical Competence in the professional areas (speech pathology or audiology) in which they pro-

vide that supervision. This supervision must entail the personal and direct involvement of a supervisor in any and all ways that will permit him to attest to the adequacy of a student's performance in the clinical training experience. Knowledge of the student's clinical work may be obtained through a variety of ways such as conferences, audio and video tape recordings, written reports, staffings, discussions with other persons who have participated in the student clinical training, and must include observation of the student in the clinical session.

4. The necessary written evidence is a statement addressed to the Chairman, Clinical Certification Board, to report the following: 1. the exact place and dates of employment, 2. the specific type of clinical services performed, 3. the average amount of time spent on the job each week, and 4. the satisfactory fulfillment of the responsibilities of the position.

Professional employment is construed to mean direct clinical work with patients, consultations with parents, teachers, etc., examination of patients, record keeping, or any other duties relevant to a bona fide program of clinical work.

Time spent in supervision of student practicum, academic teaching, research, and administration activity will not be counted as "professional experience" in this context. Full-time professional employment requires at least 30 hours of work each week. The nine months of full-time professional employment must be obtained within a period of 12 consecutive months. The requirement may also be fulfilled by 18 months of half-time professional employment of at least 15 hours per week, which must be completed within a period of 24 consecutive months. Professional employment of less than 15 hours per week will not fulfill any part of this requirement.

Professional experience which commences after June 30, 1970, must be gained under the direct supervision of one who holds the Certificate of Clinical Competence in the area in which certification is sought.

5. The letter from the director of the training program, to be written after requirements 2 and 3 have been completed, should appear on page 5 of the application form.

6. A schedule of fees will be furnished.

7. The examination, which is taken after the completion of requirements 1 through 7, must be passed within three years of the date on which the first examination is administered nationally after the establishment of the candidate's eligibility. The examination may be taken no more than three times. Special arrangements may be made for certain applicants who reside in foreign countries.

The AREAS that follow contain the categories of information on which the candidate for the Certificate of Clinical Competence will be tested. AREA A contains fields of information that are concerned with the normal development and use of speech, hearing, and language. AREA B contains fields of information that are concerned with disorders of human communication and that are related to and supportive of the work done by the Speech Pathologist or Audiologist. The structure of the examination will take into consideration the field of major interest, training, and experience.

AREA A

1. psychological and sociological aspects of human development

2. anatomical, physiological, neurological, psychological, and physical bases of speech, hearing, and language

3. genetic and cultural aspects of speech and language development

AREA B

1. PRIMARY FIELD

(a) current principles, procedures, techniques, and instrumentation used in evaluating the speech, language, and hearing of children and adults

(b) various types of disorders of speech, language, and hearing, their classifications, causes and manifestations.

(c) principles and remedial procedures used in habilitation and rehabilitation for those with various disorders of communication

(d) relationships among speech, language, and hearing problems, with particular concern for the child or adult who presents multiple problems.

(d) organization and administration of programs designed to provide direct service to those with disorders of communication

2. RELATED FIELDS

(a) theories of learning and behavior in their application to disorders of communication

(b) services available from related fields for those with disorders of communication

(c) effective use of information obtained from related disciplines about the sensory, physical, emotional, social and/or intellectual status of a child or an adult

8. Should there be a revision of these requirements, a Member whose application for the Certificate of Clinical Competence has been rejected because it did not fully meet the requirements that were in effect at the time his application was initially made may reapply if the change in the requirements leads the applicant to believe that his application may be found to be acceptable subsequent to that change.

PROCEDURES TO BE FOLLOWED IN APPLYING for the CERTIFICATE OF CLINICAL COMPETENCE

1. Obtain the necessary application forms from the director of the training program or request them from the Clinical Certification Board.

2. When requirements 1, 2, and 3 have been met, the application form is completed according to accompanying instructions. It is then submitted to the director of the applicant's training program for approval. The application, properly signed, is mailed to the Clinical Certifica-

tion Board together with necessary transcripts and course explanations (application may be made for membership and certification simultaneously). No credit may be allowed for courses listed on the application unless satisfactory completion is verified by an *official* transcript.

3. Completed applications are evaluated.

4. Within two months after the initiation of professional experience, the applicant and his Clinical Fellowship Year supervisor should submit a "Clinical Fellowship Year Plan." Upon the completion of the required nine months of employment experience, a "Clinical Fellowship Year Report" should be submitted. When this report is approved, the applicant is notified that he is eligible to take the National Examination in Speech Pathology or in Audiology (NESPA).

5. Arrangements for taking the examination are then made, and the applicant is given necessary information such as the date and place of the examination.

6. Following the satisfactory completion of the examination, the candidate is notified that he has been approved by ABESPA for the Certificate of Clinical Competence. The Certificate of Clinical Competence is sent to applicants following receipt of the final portion of the certification fee.

7. *FEES*. A minimum certification fee of $55.00 is required for the complete processing of each application. It is payable as follows: (a) $25.00 to be sent with the original application. This amount is not to be refunded if the application is disapproved. (b) $30.00 to be submitted after ABESPA approval, but before the certificate is issued. Checks should be made payable to the American Speech and Hearing Association. An additional $9.00 fee, payable directly to the National Teacher Examinations, will be charged for each administration of the NESPA.

REQUIREMENTS for the CERTIFICATES OF CLINICAL COMPETENCE

(January 1, 1973)

The American Speech and Hearing Association issues Certificates of Clinical Competence to individuals who present satisfactory evidence of their ability to provide independent clinical services to persons who have disorders of communication (speech, language, and/or hearing). An individual who meets these requirements may be awarded a Certificate in Speech Pathology or in Audiology, depending upon the emphasis of his preparation; a person who meets the requirements for both professional areas may be awarded both Certificates.

I. Standards

The individual who is awarded either, or both, of the Certificates of Clinical Competence must meet the following qualifications:

I.A. General Background Education

As stipulated below, applicants for a certificate should have completed specialized academic training and preparatory professional experience that provides an in-depth knowledge of normal commmunication processes, development and disorders thereof, evaluation procedures to assess the bases of such disorders, and clinical techniques that have been shown to improve or eradicate them. It is expected that the applicant will have obtained a broad general education to serve as a background prior to such study and experience. The specific content of this general background education is left to the discretion of the applicant and to the training program which he attends. However, it is highly desirable that it include study in the areas of human psychology, sociology, psychological and physical development, the physical sciences (especially those that pertain to acoustic and biological phenomena) and human anatomy and physiology, including neuro-anatomy and neurophysiology.

I.B. Required Education

A total of 60 semester hours[1] of academic credit must have been accumulated from accredited colleges or universities that demonstrate that the applicant has obtained a well integrated program of course study dealing with the normal aspects of human communication, development thereof, disorders thereof, and clinical techniques for evaluation and management of such disorders.

Twelve (12) of these 60 semester hours must be obtained in courses that provide information that pertains to normal development and use of speech, language, and hearing.

Thirty (30) of these 60 semester hours must be in courses that provide (1) information relative to communication disorders, and (2) information about and training in evaluation and management of speech, language, and hearing disorders. At least 24 of these 30 semester hours must be in courses in the professional area (speech pathology or audiology) for which the certificate is requested, and no less than six (6) semester hours may be in audiology for the certificate in speech pathology or in speech pathology for the certificate in audiology. Moreover, no more than six (6) semester hours may be in courses that provide credit for clinical practice obtained during academic training.

Credit for study of information pertaining to related fields that augment the work of the clinical practioner of speech pathology and/or audiology may also apply toward the total 60 semester hours.

Thirty (30) of the total 60 semester hours that are required for a certificate must be in courses that are acceptable toward a graduate degree by the college or university in which they are taken. Moreover, 21 of those 30 semester hours must be within the 24 semester hours required

[1] In evaluation of credits, one quarter hour will be considered the equivalent of two-thirds of a semester hour. Transcripts that do not report credit in terms of semester or quarter hours should be submitted for special evaluation.

in the professional area (speech pathology or audiology) for which the certificate is requested or within the six (6) semester hours required in the other area.[2]

I.C. Academic Clinical Practicum

The applicant must have completed a minimum of 300 clock hours of supervised clinical experience with individuals who present a variety of communication disorders, and this experience must have been obtained within his training institution or in one of its cooperating programs.

I.D. The Clinical Fellowship Year

The applicant must have obtained the equivalent of nine (9) months of full-time professional experience (the Clinical Fellowship Year) in which bona fide clinical work has been accomplished in the major professional area (speech pathology or audiology) in which the certificate is being sought. The Clinical Fellowship Year must have begun after completion of the academic and clinical practicum experiences specified in Standards *I.A.*, *I.B.*, and *I.C.* above.

I.E. National Examinations in Speech Pathology and Audiology

After completing the Clinical Fellowship Year, the applicant must have passed one of the National Examinations in Speech Pathology and Audiology: either the National Examination in Speech Pathology or the National Examination in Audiology.

I.F. Membership in the American Speech and Hearing Association

In order to make initial application for and to obtain one of the Certificates of Clinical Competence, the individual must be a member of the American Speech and Hearing Association.

II. Explanatory Notes

II.A. General Background Education

While the broadest possible general educational background for the future clinical practitioner of speech pathology and/or audiology is encouraged, the nature of the clinician's professional endeavors suggests the necessity for some emphasis in his general education. For example, elementary courses in general psychology and sociology are desirable as are studies in mathematics, general physics, zoology, as well as human anatomy and physiology. These areas of introductory study that do not deal specifically with communication processes are not to be credited to the minimum 60 semester hours of education specified in Standard *I.B.*

[2] This requirement may be met by courses completed as an undergraduate providing the college or university in which they are taken specifies that these courses would be acceptable toward a graduate degree if they were taken at the graduate level.

II.B. Required Education

II.B.1. Basic Communication Processes Area. The 12 semester hours in courses that provide information applicable to the normal development and use of speech, language, and hearing should be selected with emphasis upon the normal aspects of human communication in order that the applicant has a wide exposure to the diverse kinds of information suggested by the content areas given under the three broad categories that follow: (1) anatomic and physiologic bases for the normal development and use of speech, language, and hearing, such as anatomy, neurology, and physiology of speech, language, and hearing mechanisms; (2) physical bases and processes of the production and perception of speech and hearing, such as (a) acoustics or physics of sound, (b) phonology, (c) physiologic and acoustic phonetics, (d) perceptual processes, and (e) psycho-acoustics; and (3) linguistic and psycho-linguistic variables related to normal development and use of speech, language, and hearing, such as (a) linguistics (historical, descriptive, sociolinguistics, urban language), (b) psychology of language, (c) psycholinguistics, (d) language and speech acquisition, and (e) verbal learning or verbal behavior.

It is emphasized that the three broad categories of required education given above, and the examples of areas of study within these classifications, are not meant to be analogous with, nor imply, specific course titles. Neither are the examples of areas of study within these categories meant to be exhaustive.

At least two (2) semester hours of credit must be earned in each of the three categories.

Obviously, some of these 12 semester hours may be obtained in courses that are taught in departments other than those offering speech pathology and audiology programs. Courses designed to improve the speaking and writing ability of the student will not be credited.

II.B.2. Major Professional Area, Certificate in Speech Pathology. The 24 semester hours of professional education required for the Certificate of Clinical Competence in Speech Pathology should include mastery of information pertaining to speech and language disorders as follows: (1) understanding of speech and language disorders, such as (a) various types of disorders of communication, (b) their manifestations, and (c) their classifications and causes; (2) evaluation skills, such as procedures, techniques, and instrumentation used to assess (a) the speech and language status of children and adults, and (b) the bases of disorders of speech and language, and (3) management procedures, such as principles in remedial methods used in habilitation and rehabilitation for children and adults with various disorders of communication.

Within these categories at least six (6) semester hours must deal with speech disorders and at least six (6) hours must deal with language disorders.

II.B.3. Minor Professional Area, Certificate in Speech Pathology. For the individual to obtain the Certificate in Speech Pathology, he must have not less than six (6) semester hours of academic credit in audiology.

Where only this minimum requirement of six (6) semester hours is met, three (3) semester hours must be in habilitative procedures with speech and language problems associated with hearing impairment, and three (3) semester hours must be in study of the pathologies of the auditory system and assessment of auditory disorders. However, when more than the minimum six (6) semester hours is met, study of habilitative/rehabilitative procedures may be counted in the *Major Professional Area for the Certificate in Speech Pathology (Section II.B.8)*.

II.B.4. Major Professional Area, Certificate in Audiology. The 24 semester hours of professional education required for the Certificate of Clinical Competence in Audiology should be in the broad, but not necessarily exclusive, categories of study as follows: (1) auditory disorders, such as (a) pathologies of the auditory system, and (b) assessment of auditory disorders and their effect upon communication; (2) habilitative/rehabilitative procedures, such as (a) selection and use of appropriate amplification instrumentation for the hearing impaired, both wearable and group, (b) evaluation of speech and language problems of the hearing impaired, and (c) management procedures for speech and language habilitation and/or rehabilitation of the hearing impaired (that may include manual communication); (3) conservation of hearing, such as (a) environmental noise control, and (b) identification audiometry (school, military, industry); and (4) instrumentation, such as (a) electronics, (b) calibration techniques, and (c) characteristics of amplifying systems.

Not less than six (6) semester hours must be in the auditory pathology category, and not less than six (6) semester hours must be in the habilitation/rehabilitation category.

II.B.5. Minor Professional Area, Certificate in Audiology. For the individual to obtain the Certificate in Audiology, not less than six (6) semester hours must be obtained in the areas of speech and language pathology, of these three (3) hours must be in the area of speech pathology and (3) hours in the area of language pathology. It is suggested that where only this minimum requirement of six (6) semester hours is met, such study be in the areas of evaluation procedures and management of speech and language problems that are not associated with hearing impairment.

II.B.6. Related Areas. In addition to the 12 semester hours of course study in the Basic Communication Processes Area, the 24 semester hours in the Major Professional Area and the six (6) semester hours in the Minor Professional Area, the applicant may receive credit toward the minimum requirement of 60 semester hours of required education through advanced study in a variety of related areas. Such study should pertain to the understanding of human behavior, both normal and abnormal, as well as services available for related professions, and that, in general should augment his background for a professional career. Examples of such areas of study are as follows: (a) theories of learning and behavior, (b) services available for related professions that also deal with persons who have disorders of communication, and (c) information from these professions about the sensory, physical, emotional, social and/or intellectual status of a child or an adult.

Academic credit that is obtained for practice teaching or practicum work in other professions will not be counted toward the minimum requirements.

In order that the future applicant for one of the certificates will be capable of critically reviewing scientific matters dealing with clinical issues relative to speech pathology and audiology, credit for study in the area of statistics, beyond an introductory course, will be allowed to a maximum of three (3) semester hours. Academic study of the administrative organization of speech pathology and audiology programs also may be applied to a maximum of three (3) semester hours.

II.B.7. Education Applicable to All Areas. Certain types of course work may be acceptable among more than one of the areas of study specified above, depending upon the emphasis. For example, courses that provide an overview of research, e.g., introduction to graduate study or introduction to research, that consist primarily of a critical review of research in communication sciences, disorders, or management thereof, and/or a more general presentation of research procedures and techniques which will permit the clinician to read and evaluate literature critically will be acceptable to a maximum of three (3) semester hours. Such courses may be credited to the Basic Communication Processes Area, or one of the Professional Areas or the Related Areas, if substantive content of the course(s) covers material in those areas. Academic credit for a thesis or dissertation may be acceptable to a maximum of three (3) semester hours in the appropriate area. An abstract of the study must be submitted with the application if such credit is requested. In order to be acceptable, the thesis or dissertation must have been an experimental or descriptive investigation in the areas of speech and hearing science, speech pathology or audiology; that is, credit will not be allowed if the project was a survey of opinions, a study of professional issues, an annotated bibliography, biography, or a study of curricular design.

As implied by the above, the academic credit hours obtained for one course or one enrollment, may, and should be, in some instances divided among the Basic Communication Processes Area, one of the Professional Areas, and/or the Related Areas. In such cases, a description of the content of that course should accompany the application. This description should be extensive enough to provide the Clinical Certification Board with information necessary to evaluate the validity of the request to apply the content to more than one of the areas.

II.B.8. Major Professional Education Applicable to Both Certificates. Study in the area of understanding, evaluation, and management of speech and language disorders associated with hearing impairment may apply to the 24 semester hours of Major Professional Area required for either certificate (speech pathology or audiol-

ogy). However, no more than six (6) semester hours of that study will be allowed in that manner for the certificate in speech pathology.

II.C. Academic Clinical Practicum

It is highly desirable that students who anticipate applying for one of the Certificates of Clinical Competence have the opportunity, relatively early in their training program, to observe the various procedures involved in a clinical program in speech pathology and audiology, but this passive participation is not to be construed as direct clinical practicum during academic training. The student should participate in supervised, direct clinical experience during that training only after he has had sufficient course work to qualify him to work as a student clinician and only after he has sufficient background to undertake clinical practice under direct supervision. A minimum of 150 clock hours of the supervised clinical experience must be obtained during graduate study. Once this experience is undertaken, a substantial period of time may be spent in writing reports, in preparation for clinical sessions, in conferences with supervisors, and in class attendance to discuss clinical procedures and experiences; such time may not be credited toward the 300 minimum clock hours of supervised clinical experience required.

All student clinicians are expected to obtain direct clinical experience with both children and adults, and it is recommended that some of their direct clinical experience be conducted with groups. Although the student clinician should have experience with both speech and hearing disorders, at least 200 clock hours of this supervised experience must be obtained in the major professional area (speech pathology or audiology) in which he will seek certification and not less than 35 clock hours must be obtained in the minor area.

For certification in speech pathology, the student clinician is expected to have experience in both the evaluation and management of a variety of speech and language problems. He must have no less than 50 clock hours of experience in evaluation of speech and language problems. He must also have no less than 75 clock hours of experience in management of language disorders of children and adults, and he must have no less than 25 clock hours each of experience in management of children and adults with whom disorders of (1) voice, (2) articulation, and (3) fluency are significant aspects of the communication handicap.[3]

Where only the minimum 35 clock hours of clinical practicum in audiology is met that are required for the persons seeking certification in speech pathology, that practicum must include 15 clock hours in assessment and/or management of speech and language problems associated with hearing impairment, and 15 clock hours must be in assessment of auditory disorders. However, where more than this minimum requirement is met, clinical practicum in assessment and/or management of speech and language problems associated with hearing impairment may be counted toward the minimum clock hours obtained with language and/or speech disorders.

For the student clinician who is preparing for certification in audiology, 50 clock hours of direct supervised experience must be obtained in identification and evaluation of hearing impairment, and 50 clock hours must be obtained in habilitation or rehabilitation of the communication handicaps of the hearing impaired. It is suggested that the 35 clock hours of clinical practicum in speech pathology required for certification in audiology be in evaluation and management of speech and language problems that are not related to a hearing impairment.

Supervisors of clinical practicum must be competent professional workers who hold a certificate of Clinical Competence in the professional area (speech pathology or audiology) in which supervision is provided. This supervision must entail the personal and direct involvement of the supervisor in any and all ways that will permit him to attest to the adequacy of the student's performance in the clinical training experience. Knowledge of the student's clinical work may be obtained through a variety of ways such as conferences, audio and video tape recordings, written reports, staffings, discussions with other persons who have participated in the student's clinical training, and must include direct observation of the student in clinical sessions.

I.D. The Clinical Fellowship Year

Upon completion of his professional and clinical practicum education, the applicant must complete his Clinical Fellowship Year under the supervision of one who holds the Certificate of Clinical Competence in the professional area (speech pathology or audiology) in which that applicant is working (and seeking certification).

Professional experience is construed to mean direct clinical work with patients, consultations, record keeping, or any other duties relevant to a bona fide program of clinical work. It is expected, however, that a significant amount of clinical experience will be in direct clinical contact with persons who have communication handicaps. Time spent in supervision of students, academic teaching, and research, as well as administrative activity that does not deal directly with management programs of specific patients or clients will not be counted as professional experience in this context.

The Clinical Fellowship Year is defined as no less than nine months of full-time professional employment with full-time employment defined as a minimum of 30 hours of work a week. This requirement also may be fulfilled by part-time employment as follows: (1) work of 15-19 hours per week over 18 months; (2) work of 20-24 hours per week over 15 months; or, (3) work of 25-29 hours per week over 12 months. In the event that part-time employment is used to fulfill a part of the Clinical

[3] Work with multiple problems may be credited among these types of disorders. For example, a child with an articulation problem may also have a voice disorder. The clock hours of work with that child may be credited to experience with either articulation or voice disorders, whichever is most appropriate.

Fellowship Year, 100 percent of the minimum hours of the part-time work per week requirement must be spent in direct professional experience as defined above. The Clinical Fellowship Year must be completed within a maximum period of 36 consecutive months. Professional employment of less than 15 hours per week will not fulfill any part of this requirement.[4]

II.E. The National Examinations in Speech Pathology and Audiology

The National Examinations in Speech Pathology and Audiology are designed to assess, in a comprehensive fashion, the applicant's mastery of professional concepts as outlined above to which the applicant has been exposed throughout his professional education, academic clinical practicum training, and clinical experiences in the field. Upon completion of his Clinical Fellowship Year, the applicant must past the National Examination, in either Speech Pathology or Audiology, that is appropriate to the certificate being sought. Moreover, this examination must be passed within two years after the first administration for which an applicant is notified of his eligibility.[5]

In the event the applicant fails the examination, he may retake it. If the examination is not successfully completed within the above mentioned two years, the person's application for certification will lapse. If the examination is passed at a later date, the person may reapply for clinical certification.[6]

III. Procedures for Obtaining the Certificates

III.A. Application for membership in the American Speech and Hearing Association and the initial application for certification may be made simultaneously and applicants are urged to follow this procedure.[7] However, applications for certification will not be evaluated until membership is approved and validated by the payment of dues.

III.B. The applicant must submit to the Clinical Certification Board, a description of his professional education and academic clinical practicum on forms provided for that purpose. The applicant should recognize that it is highly desirable to list upon his application form his entire professional education and academic clinical practicum training.

No credit may be allowed for courses listed on the application unless satisfactory completion is verified by an official transcript. *Satisfactory completion* is defined as the applicant's having received academic credit (i.e., semester hours, quarter hours, or other unit of credit) with a passing grade as defined by the training institution. If an applicant receives his training from a program accredited by the American Boards of Examiners in Speech Pathology and Audiology (ABESPA), approval of his educational requirements and academic clinical practicum will be automatic.

The applicant must request that the director of the training program where the majority of his graduate training was obtained sign the application. In the case where the training program is not accredited by ABESPA, that director, by his signature, (1) certifies that the application is correct, and (2) recommends that the applicant receive the certificate upon completion of all the requirements. In the case where the training program is accredited by that Board that director (1) certifies that the applicant has met the educational and clinical practicum requirements, and (2) recommends that the applicant receive the certificate upon completion of all the requirements.

In the event that the applicant cannot obtain the recommendation of the director of the training program, the applicant should send with his application a letter giving in detail the reasons he has been unable to do so. In such an instance he may wish to obtain letters of recommendations from other faculty members.

Application for approval of educational requirements and academic clinical practicum experiences should be made (1) as soon as possible after completion of those experiences, and (2) either before or shortly after the Clinical Fellowship Year is begun.

III.C. Upon completion of educational and academic clinical practicum training, the applicant should proceed to obatain professional employment and a supervisor for his Clinical Fellowship Year. The applicant and his supervisor should then submit to the Clinical Certification Board a plan outlining how supervision of the Clinical Fellowship Year will be carried out. Assuming that this plan is approved, the applicant should then proceed to complete his Clinical Fellowship Year, after which an appropriate report should be submitted again to the Clinical Certification Board. Upon approval of his Clinical Fellowship Year, the applicant becomes eligible to take one of the National Examinations in Speech Pathology and Audiology.

III.D. The applicant will receive information providing instructions as to when and where the National Examinations will be administered.

---

[4] Further guidelines for the Clinical Fellowship Year are available, and, moreover, such guidelines are provided with application material for certification.

[5] An applicant for the Certificate of Clinical Competence ordinarily will be held to the requirements in effect two years prior to his completion of the required education and practicum requirements. Moreover, an applicant whose application has been rejected may reapply if changes in the requirements make his application acceptable as a result of such changes. However, if the Clinical Fellowship Year is not initiated within five years of the time academic and practicum requirements are completed, the applicant must meet academic and practicum requirements that are current when the Clinical Fellowship Year is begun.

[6] Upon such reapplication, the individual's application will be reviewed and current requirements will be applied. Appropriate fees will be charged for this review.

[7] Application material for membership and certification, including a schedule of fees, may be obtained by writing to Manager, Professional Services Department, American Speech and Hearing Association, 9030 Old Georgetown Road, Washington, D. C. 20014.

III.E. As mentioned in Footnote 7, a schedule of fees for certification may be obtained, and payment of these fees is requisite for the various steps involved in obtaining a certificate. Checks should be made payable to the American Speech and Hearing Association.

IV. Appeals

In the event that at any stage the Clinical Certification Board informs the applicant that his application has been rejected, the applicant has the right of formal appeal. In order to initiate such an appeal, the applicant must write to the Chairman of the Clinical Certification Board and sepcifically request a formal review of his application. If that review results, again, in rejection, the applicant has the right to request a review of his case by the American Boards of Examiners in Speech Pathology and Audiology (ABESPA) by writing to the Chairman of ABESPA at the American Speech and Hearing Association.

CODE OF ETHICS OF THE AMERICAN SPEECH AND HEARING ASSOCIATION 1972

(Last revised January 1, 1971)

Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the successful discharge of the responsibilities of all Members. This Code of Ethics has been promulgated by the Association in an effort to highlight the fundamental rules considered essential to this basic purpose. The failure to specify any particular responsibility or practice in this Code of Ethics should not be construed as denial of the existence of other responsibilities or practices that are equally important. Any act that is in violation of the spirit and purpose of this Code of Ethics shall be unethical practice. It is the responsibility of each Member to advise the Ethical Practice Board of instances of violation of the principles incorporated in this Code.

Section A. The ethical responsibilities of the Member require that the welfare of the person he serves professionally be considered paramount.

1. The Member who engages in clinical work must possess appropriate qualifications. Measures of such qualifications are provided by the Association's program for certification of the clinical competence of Members.

(a) The Member must not provide services for which he has not been properly trained, i.e., had the necessary course work and supervised practicum.

(b) The Member who has not completed his professional preparation must not provide speech or hearing services except in a supervised clinical practicum situation as a part of his training. A person holding a full-time clinical position and taking part-time graduate work is not, for the purpose of this section, regarded as a student in training.

(c) The Member must not accept remuneration for providing services until he has completed the necessary course work and clinical practicum to meet certification requirements. The Member who is uncertified must not engage in private practice.

2. The Member must follow acceptable patterns of professional conduct in his relations with the persons he serves.

(a) He must not guarantee the results of any speech or hearing consultative or therapeutic procedure. A guarantee of any sort, expressed or implied, oral or written, is contrary to professional ethics. A reasonable statement of prognosis may be made, but successful results are dependent on many uncontrollable factors, hence, any warranty is deceptive and unethical.

(b) He must not diagnose or treat individual speech or hearing disorders by correspondence. This does not preclude follow-up by correspondence of individuals previously seen, nor does it preclude providing the persons served professionally with general information of an education nature.

(c) He must not reveal to unauthorized persons any confidential information obtained from the individual he serves professionally without his permission.

(d) He must not exploit persons he serves professionally: (1) by accepting them for treatment where benefit cannot reasonably be expected to accrue; (2) by continuing treatment unnecessarily; (3) by charging exorbitant fees.

3. The Member must use every resource available, including referral to other specialists as needed, to effect as great improvement as possible in the persons he serves.

4. The Member must take every precaution to avoid injury to the persons he serves professionally.

Section B. The duties owed by the Member to other professional workers are many.

1. He should seek the freest professional discussion of all theoretical and practical issues but avoid personal invective directed toward professional colleagues or members of allied professions.

2. He should establish harmonious relations with members of other professions. He should endeavor to inform others concerning the services that can be rendered by members of the speech and hearing profession and in turn should seek information from members of related professions. He should strive to increase knowledge within the field of speech and hearing.

3. He must not accept fees, gifts, or other forms of gratuity for serving as a sponsor of applicants for clinical certification by the American Speech and Hearing Association.

Section C. The ASHA Member has other special responsibilities.

1. He must guard against conflicts of professional interest.

(a) He must not accept compensation in any form

from a manufacturer or a dealer in prosthetic or other devices for recommending any particular product.

(b) The Member in private practice must not advertise. It is permissible only to employ a business card or similar announcement, and to list one's name, highest academic degree, type of services, and location in the classified section of the telephone directory in the manner customarily followed by physicians and attorneys. He may state that he holds the Certificate of Clinical Competence in the appropriate area (speech or hearing) issued by the American Speech and Hearing Association.

(c) He must not engage in commercial activities that conflict with his responsibilities to the persons he serves professionally or to his colleagues. He must not permit his professional titles or accomplishments to be used in the sale or promotion of any product related to his professional field. He must not perform clinical services or promotional activity for any profit-making organization that is engaged in the retail sales of equipment, publications, or other materials. He may be employed by a manufacturer or publisher, provided that his duties are consultative, scientific, or educational in nature.

2. He should help in the education of the public regarding speech and hearing problems and other matters lying within his professional competence.

3. He should seek to provide and expand services to persons with speech and hearing handicaps, and to assist in establishing high professional standards for such programs.

4. He must not discriminate on the basis of race, religion, or sex in his professional relationships with his colleagues or clients.